

# Fixed-Term Residential Lease

## Clause 1. Identification of Landlord and Tenant

This Agreement is entered into between Edgar & Michele Harris Megha Walker ("Tenant") and Sandra Durham ("Landlord"). Each Tenant is jointly and severally liable for the payment of rent and performance of all other terms of this Agreement.

## Clause 2. Identification of Premises

Subject to the terms and conditions in this Agreement, Landlord rents to Tenant, and Tenant rents from Landlord, for residential purposes only, the premises located at

316 N Ken, Springfield MO 65802, ("the premises"), together with the following furnishings and appliances: stove \_\_\_\_\_  
Rental of the premises also includes \_\_\_\_\_.

## Clause 3. Limits on Use and Occupancy

The premises are to be used only as a private residence for Tenant(s) listed in Clause 1 of this Agreement, and the following minor children 0 \_\_\_\_\_.

Occupancy by guests for more than 30 \_\_\_\_\_ is prohibited without Landlord's written consent and will be considered a breach of this Agreement.

## Clause 4. Term of the Tenancy

The term of the rental will begin on May 15 2024 and end on May 15, 2025. If Tenant vacates before the term ends, Tenant will be liable for the balance of the rent for the remainder of the term.

## Clause 5. Payment of Rent

### Regular monthly rent.

Tenant will pay to Landlord a monthly rent of \$ 1200.00 \_\_\_\_\_, payable on 15 each month,

Sandra Durham, 10177 N Farm Rd 137, Brighton, MO 65617





**ATTORNEY GENERAL OF MISSOURI**

**JEFFERSON CITY  
65102**

P.O.Box 899  
(573) 751-3321

July 17, 2024

michele k harris  
316 N Ken Ave  
Springfield, MO 65802

RE: Complaint No. CC-2024-07-003704      springfield housing authourity

Dear michele harris:

Thank you. My office has received your complaint.

Advocates from my Consumer Protection Division will diligently attempt to resolve your complaint. In order for my office to assist, it is important that we receive all the information you have, so we may be contacting you to ask for further information and/or documentation. We will keep you updated as to the status of your complaint and feel free to contact my office at any time.

Again, we thank you for contacting the Attorney General's office and hope we can assist you further.

Respectfully,

A handwritten signature in black ink, appearing to read "Andrew Bailey".

Andrew Bailey  
Missouri Attorney General



## Consumer Complaint No. CC-2024-07-003704 Details

### Consumer Information

---

**Name:** michele harris k

**Address:** 316 N Ken Ave  
Springfield, MO 65802

**Primary Phone:** (417) 901-2154 (Cell)

**Secondary Phone:**

**Email:** harrismichele27@gmail.com

### Business Information

---

**Business Name:** springfield housing authourity

**Address:** 421 west maddison street  
springfield, MO 65806

**Phone:** (417) 866-4329

**Fax:**

**Email:** nicole@hasproperties.net

**Website:**

**Contact Person:** Nicole Looney (PHA) for my case/Emergency Housing Voucher Coordinator, Section 8 Head Coordinator

### Complaint Information

---

**Complaint Number:** CC-2024-07-003704

**Consumer Info:** Over Age 60 No; Disabled: Yes; Veteran: Yes

**Category:** Financial - Welfare Fraud

**Transaction Date:** 7/11/2024

**Financial Loss:** Yes; Sales Method: In Person; Payment Method: Money Order; Amt Paid: 17200.00

**Contract Signed:** Yes; Contract Location: springfield; Contract Date: 10/26/2024; Copy of Contract: Yes

#### Brief description of complaint:

i was terminated from section 8 because my landlord at hs property mgt./ Reed Properties,sonya, told section 8 upon me moving from hs property mgt for sewage dangerous building and notice put on my door, sent section 8 an itemized list of false charges in the amount of 2,730.18 and including 2 toilet seats for 11.18 and section 8 terminated me based on what sonya said telling teressa osborne and nicole looney that the water that flooded in my basement was rain water and not sewage, and the the city said move immediately because according to chad from BDS he said the house was on a condemned list since 2021 and i should not have not have been moved in this house at all he also state that house needs permits before anyone else can live their. When i moved out section 8 had a termination letter made up to terminate me based on what sonya had told them at housing authority. No one from either agency came for three weeks by then i had already called the city of springfield, envornmental service dept/. and health department and the attorney generals office. Once the city got involved section 8 scheduled a informal hearing for me to attend then when i called to arlene ozores at the hud investigators office she sent rebecca pashia to mediate, as she sat in the meeting she said nothing and when the conversation about misappropriateing funds that nicole looney sat at the meeting and admitting to not giving to me on recording and neither one teressa osborne supervisor at housing authority nor did rebecca pashia the mediator allowed that to be talked about because nicole looney said she would fix that and my section 8 has not yet been terminated. and that was a lie because the final notice to suspend me was written before the meeting but because arlene ozores from hud contacted chad then i have documentation with mins made on 10/23/24 i will send you a copy of the recordings on housing authority with own admission and guilt to the allocations i am making against them. when a investigator gets involved i will submitt all other documentation they

need

---

**Consumer has indicated that the following statements apply to this complaint:**

- Consumer has taken these action(s): - Sent Email to business - Sent letter to business
- Consumer has contacted agencies:
- Consumer would like complaint resolved via: - Investigate business - Other: find out why i was not given my sect 8 raise on rent for yearly raise and i would also like to compensated for pain and suffering because i never and still have not properly healed from my surgery on my leg for torn meniscus on my left knee.

Printed 7/17/2024



SENT VIA ELECTORNIC MAIL TO: [jake.humphrey@ago.mo.gov](mailto:jake.humphrey@ago.mo.gov)

July 22, 2024

Jake Humphrey  
Office of Attorney General  
Consumer Protection Division  
P.O. Box 899  
Jefferson City, MO 65102

**Re: Complaint No. CC-2024-07-001380**  
**Mrs. Michele K. Harris; claim for 1012 E. Division**

Dear Mr. Humphrey:

I am in receipt of your correspondence dated July 10, 2024, concerning the above referenced complaint requesting that the City of Springfield provide a written response to the same within fourteen (14) days, or July 24, 2024. Although the correspondence was sent to Springfield City Utilities which manages Springfield's electric, gas, and water utilities, it appears to be related to a sewer back up at the address of 1012 E. Division and accordingly was forwarded to the City's sewer utility. Please accept this letter as our response.

Upon investigation, it was determined that the Claimant filed a claim with the City on or about May 6, 2024. This claim has been processed pursuant to our City Code and claims procedure and I have been advised by our claims staff that after speaking with Mrs. Harris this matter has been fully resolved to her satisfaction. We believe her larger concern related to rent recovery is being pursued separately through other parties and does not involve the City of Springfield.

At the City of Springfield, the Department of Environmental Services is committed to providing an excellent wastewater utility, and we strive to promptly investigate and manage any claims filed with the sewer utility. As this matter has been resolved, we believe no further action is necessary.

Please let me know if you need anything further.

Best,

A handwritten signature in black ink that reads "Jan Millington".

Jan Millington,  
Deputy City Attorney for the City of Springfield, Missouri

Email copy to: Errin Kemper, Director of Environmental Services  
Jordan Paul, City Attorney  
Phil Barber, Senior Claims Specialist

**From:** Michele Harris <harrismichele27@gmail.com>  
**Sent:** Tuesday, July 2, 2024 9:52 AM  
**To:** Keithley, Amy <amy.keithley@springfieldmo.gov>  
**Subject:** Follow up on sewage claim

Morning I'm just following upon the sewage claim to see if any updates is all and did you know the house has been re-rented out already

2 attachments



image001.png

4K



image001.png

4K

7/23/24, 12:52 PM

Gmail - <24-203> Follow up on sewage claim

**To:** Keithley, Amy <[amy.keithley@springfieldmo.gov](mailto:amy.keithley@springfieldmo.gov)>  
**Subject:** Follow up on sewage claim

Morning I'm just following upon the sewage claim to see if any updates is all and did you know the house has been re-rented out already

---

**Michele Harris** <[harrismichele27@gmail.com](mailto:harrismichele27@gmail.com)>  
To: [amy.keithley@springfieldmo.gov](mailto:amy.keithley@springfieldmo.gov)  
Cc: [live-inbox-lockton@origamirisk.com](mailto:live-inbox-lockton@origamirisk.com)

Fri, Jul 5, 2024 at 11:42 PM

Ok, thanks for the update.

On Fri, Jul 5, 2024, 3:48 PM Keithley, Amy <[amy.keithley@springfieldmo.gov](mailto:amy.keithley@springfieldmo.gov)> wrote:

Michele,

The June meeting was cancelled and we are waiting to get the July meeting date.

We will let you know once we have a date.

Thank you,

### Amy Keithley

Claims-Risk Management

Busch Municipal Bldg

840 Boonville Ave

Springfield, MO. 65802

Phone: 417-864-1522

Fax: 417-719-7919

[Amy.Keithley@springfieldmo.gov](mailto:Amy.Keithley@springfieldmo.gov)

d1

"If claim related, please include your claim number or date of loss for quicker response."

**PROPERTY DAMAGE RELEASE**

24-203

Michele Harris and Edgar Harris Spouse along with any and all associates for the consideration of the total payment of Two Thousand Dollars (\$2000) hereby release and forever discharge the City of Springfield from any and all claims arising from property damages from a sewer incident in Springfield Mo. on or about 04/29/24 at 1012 E Division St.

It is expressly agreed that this release and payment of said sums are not to be construed as an admission of liability.

This is a full and final release and intends to satisfy all claims involving this incident. It is further understood that by signing this document that Michele & Edgar Harris along with any and all associates hereby release any claims they may have been known or unknown regarding this incident described herein.

Signed this 17 day of July, 2024

   
\_\_\_\_\_  
Michele Harris                    Edgar Harris

State of Missouri)

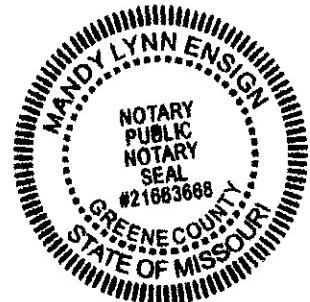
County of Greene)

On this 17<sup>th</sup> day of July, 2024 personally appeared,  
to me known to be the signer of the above release and acknowledged that Michele Harris and  
voluntarily executed this release for the users and purposes therein set forth Edgar Harris



A handwritten signature of Michele Harris, which appears to be "Michele Harris". Below the signature is a small rectangular box containing the text "Notary Public".

Or



\_\_\_\_\_  
and \_\_\_\_\_

Independent witness print and sign date

Independent witness print and sign date

①

The city of Springfield has been adding charges from my payments from Oacac hakeap, and not applying the money to my account, and there Duplicating my utility bills. April 3, 2024 Oacac hakeap made a payment for \$33.00 April 9th 2024 I got a disconnect Service for \$426.33, due to disconnect on April 22, 2024 City Utilities had disconnected my utilities, I then had to call they immediately turned my electricity back on. On April 23, payment to my utility bill in the amount of \$267.00 from Oacac hakeap on 4/19/2024 amount of last bill said \$188.49 payment of \$33 received this is the pledge made on April 3 2024, which brought my bill down to \$655.49. If you look at my electric portion its \$16.56, with the other portion of the bill that makes \$319.28 according to the bill which my balance is now \$974.77 Due May 8 2024. On May 8th another Bill Generated to Past due amount of \$188.49 and due to be disconnected May 21 2024.

(2)

ON MAY 23 2024 another bill generated out Balance starting 974.77. A payment of \$567.00 was paid to city utility took balance to 407.77. Electric portion is 107.02 total with rest of utilities \$1247.78 balance brought to 655.55. This balance was due June 12, 2024, On June 25<sup>th</sup> another Bill Generated out previous charges \$590.02 is at the top of this bill. (this is not the forward balance from May) the ending balance for May was shown on bill for the amount of 655.55 which is another duplicate total on my April bill. I made a payment for \$80 dollars, only \$60 is recorded but I have the receipt and this payment of \$80.00 is not on the bill anywhere. This bill generated on June 25<sup>th</sup> 2024 has a \$160.00 minus saying previous payment bringing bill to \$530.02. New charges from this bill is now 1058.77 with all other Utilities \$528.75 including a 306.73 utility. This is due by July 15<sup>th</sup> 2024.

(3)

On July 15<sup>th</sup> I Got a bill for \$1722.17 with the amount due. On July 21<sup>st</sup> another pledge was given by Dacac Laheap in the amount of \$31.00. I still have not seen the other pledges posted to my bill that's in this packet.

On July 25 another bill generated out for \$1722.17 again due August 13 2024. This bill includes \$1546.72 for my electric bill, with other utilities \$63.40.

At this point my bishop Rick Robertson has made several contributions to the utility company on our behalf and was very upset when certain payments where not getting applied including his payments to City Utility on our behalf. So he is going down to the utility company to find out what's going on.

Enclosed is an itemized letter of payment from City Utilities it makes no sense

(9)

I have reported this incident to the attorney general's Consumer Complaint. The letter is inclosed. Because I reported this to the attorney general's office this bill increase started getting really bad. another result of Whistle Blowing, everyone is acting under the color of law knowing and willing to commit fraudulent and retaliation on a person who just needed the utility bill's sewage portion to be removed from my old resident's portion because according to Chad at BOS, Chad says 1012 Edision St. house is on the condemned list. When I checked online the house has no information on it since 2021 and has a loan on the house. Per Chad and the push cams the sewage line at that address is cut off from the main sewage line. That's why Phil Barber paid us for A damage claim.

4/3/2024

EDGAR S HARRIS  
1012 E DIVISION ST  
SPRINGFIELD MO 65803

A payment for emergency utility assistance has been made on your behalf to the vendor and in the amount as indicated below.

Program: OAC\_LIHEAP  
Vendor: Combined Utilities/City Utilities

Date: 4/3/2024  
Amount: \$533.00

Check#: 199654

All questions regarding this payment should be addressed to the Energy Assistance Coordinator.

If you do not agree with the reason(s) for the amount set forth above, you may submit additional or corrective information which you believe will warrant a favorable determination of eligibility within 10 days. With or without additional information, you have the opportunity to appeal the amount of assistance with this office.

Sincerely,

LIHEAP Department  
ENERGY ASSISTANCE COORDINATOR

Households that heat their home with natural gas or propane are asked to provide their electric account information when applying for LIHEAP assistance.

The electric bill must be in the applicant's name, another adult household member's name (age 18 or older), or your landlord's name. Failure to provide this information may result in an ineligibility determination for LIHEAP benefits.



301 E. Central - PO Box 551  
Springfield, MO 65801

April 9, 2024



\*\*\*\*\*SNGLP 750  
212 1 SP 0.640\*\*\*\*\*212 1-S61085D420

EDGAR HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65803-3120



Address: 1012 E DIVISION ST  
SPFD, MO 65803-3120  
Account Balance: \$655.49  
Account Number: 6314830087

## **NOTICE**

## **INTENT TO DISCONNECT SERVICE**

**Past Due Amount \$426.33**

Disconnect Date April 22, 2024

The past due amount must be received one business day before the disconnect date in order to cancel this notice. If the service is disconnected, the past due amount will be required as well as a reconnection fee and an increased deposit.

If you have any questions or feel an error has been made, please call (417) 863-9000.

*Please return this section with your payment*



**Account Number**  
6314830087

**Past Due Amount**  
**\$126.33**

Disconnect Date  
April 22, 2024

**Amount Paid**



4/23/2024

EDGAR S HARRIS  
1012 E DIVISION ST  
SPRINGFIELD MO 65803

A payment for emergency utility assistance has been made on your behalf to the vendor and in the amount as indicated below.

Program: OAC\_LIHEAP  
Vendor: Combined Utilities/City Utilities

Date: 4/23/2024  
Amount: \$267.00

Check#: 199906

All questions regarding this payment should be addressed to the Energy Assistance Coordinator.

If you do not agree with the reason(s) for the amount set forth above, you may submit additional or corrective information which you believe will warrant a favorable determination of eligibility within 10 days. With or without additional information, you have the opportunity to appeal the amount of assistance with this office.

Sincerely,

LIHEAP Department  
ENERGY ASSISTANCE COORDINATOR

Households that heat their home with natural gas or propane are asked to provide their electric account information when applying for LIHEAP assistance.

The electric bill must be in the applicant's name, another adult household member's name (age 18 or older), or your landlord's name. Failure to provide this information may result in an ineligibility determination for LIHEAP benefits.



image001.png  
4K

---

**Edgar Harris** <[edgarharris19@gmail.com](mailto:edgarharris19@gmail.com)>  
To: EDGAR HARRIS <[springfieldsoulfood802@gmail.com](mailto:springfieldsoulfood802@gmail.com)>

Fri, May 3, 2024 at 12:32 PM

Hi Amy sorry to be a bother but what I need is something from Bob stating what he saw and smelled in my basement which was water and feces in my basement. section 8 needs that bit of information so I can legally be removed from my dwelling where the feces and water lay in my basement thank you if your not sure can you have Bob give me a call at 417-991-2154 michele

On Wed, May 1, 2024, 6:54 AM EDGAR HARRIS <[springfieldsoulfood802@gmail.com](mailto:springfieldsoulfood802@gmail.com)> wrote:

----- Forwarded message -----

From: EDGAR HARRIS <[springfieldsoulfood802@gmail.com](mailto:springfieldsoulfood802@gmail.com)>  
Date: Wed, May 1, 2024, 5:55 AM  
Subject: Re: New Claim<24-203> Sewage Back up  
To: Keithley, Amy <[amy.keithley@springfieldmo.gov](mailto:amy.keithley@springfieldmo.gov)>

Amy I need the report of the report of damages not to file a claim but thanks for that information about filing a claim I just need the report from yesterday from bob who came out and he said personally he'll make sure I get it not a claim the copy if the actual report thank you can you give me a call today please thank you 4179012154

On Tue, Apr 30, 2024, 4:09 PM Keithley, Amy <[amy.keithley@springfieldmo.gov](mailto:amy.keithley@springfieldmo.gov)> wrote:

Michele Harris  
1012 E Division St  
Springfield MO 65803

Re: Alleged sewer issue at 1012 E Division st

Date of loss: 04/29/24  
Claim# 24-203  
Email: [springfieldsoulfood802@gmail.com](mailto:springfieldsoulfood802@gmail.com)

Dear Ms. Harris:

The above incident was given to me to investigate to see if the City can assist you with your damages. City policy provides restitution for damages in sanitary sewer backup cases where the City has exposure. If you choose to file a claim, an investigation will be made of the incident including the reason for the stoppage, whether the City had any prior knowledge of a problem in

Case 6:24-cv-03238-BP Document 6-1 Filed 08/13/24 Page 17 of 113

the main line, when the main line was last cleaned or checked and if there was any indication of a problem when it was last cleaned or checked.

Typically, the City will not reimburse a property owner:

1. For expense of a plumber if the City was not contacted so that the City had the opportunity to respond to eliminate the stoppage prior to the expense of a plumber.
2. For damages and expenses if the City had no prior knowledge of a problem with the main line, frame, cover (including roots).
3. For damages and expenses if the stoppage is due to misuse of the sewer main by property owners (heavy grease, rags, diapers and the like).
4. For damages and expenses if the stoppage was due to vandalism of the main sewer line.

If you feel you wish to file a claim, enclosed you will find a claim form for you to complete and return to the Risk Management Department. Kindly return the completed form with copies of documentation upon which you will base your claim within thirty (30) days of the date of the incident. Any questions regarding filing a claim should be directed to the undersigned at (417) 864-1021.

Sincerely,

**Amy Keithley**

Claims-Risk Management

Busch Municipal Bldg

840 Boonville Ave

Springfield, MO. 65802

Phone: 417-864-1522

Fax: 417-719-7919

[Amy.Keithley@springfieldmo.gov](mailto:Amy.Keithley@springfieldmo.gov)

d1

*"If claim related, please include your claim number or date of loss for quicker response."*



301 E. Central - PO Box 551  
Springfield, MO 65801

May 8, 2024



\*\*\*\*\*SNGLP 750  
219 1 SP 0.640\*\*\*\*\*219 1-S61551D29

EDGAR HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65803-3120



Address: 1012 E DIVISION ST  
SPFD, MO 65803-3120  
Account Balance: \$407.77  
Account Number: 6314830087

## **NOTICE**

## **INTENT TO DISCONNECT SERVICE**

Past Due Amount \$88.49

Disconnect Date May 21, 2024

The past due amount must be received one business day before the disconnect date in order to cancel this notice. If the service is disconnected, the past due amount will be required as well as a reconnection fee and an increased deposit.

If you have any questions or feel an error has been made, please call (417) 863-9000.

*Please return this section with your payment*



**Account Number**  
6314830087

**Past Due Amount**  
**\$88.49**

Disconnect Date  
May 21, 2024

**Amount Paid**

10 of 10



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

000657

Account Number  
**6314830087**

Payment Due By  
**May 8, 2024**

Page 1 of 3

**1012 E DIVISION ST/SPFD,MO**

 **Summary**

**Previous Charges**

Amount of Last Bill	\$	1,188.49
Payment Received (Thank You)		-533.00
Balance Forward	\$	655.49

**Billing Date**  
04/19/2024



123

**Cash Deposit On Hand**  
\$150.00

**Current Charges**

Electric Service	\$	116.56
Gas Service		64.11
Water Service		35.09
Sewer Service		37.99
Other Charges and Adjustments		65.53
Total Current Charges		319.28

**Total Due By May 8, 2024**\$ **974.77**

 **News**

**\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

*Please return this section with your payment*

301 E. Central - PO Box 551  
 Springfield, MO 65801  
 Connecting Our Community

**Account Number**  
**6314830087**

**Amount Due**  
**\$974.77**

Project SHARE  
 Additional Donation



**Payment Due By**  
**May 8, 2024**

Amount Paid
<input type="text"/>

\*\*\*AUTO\*\*\*SCH 5-DIGIT 65803  
 1122 1 AV 0.537\*\*\*\*\*1122 7-S61253D652



EDGAR HARRIS  
 1012 E DIVISION ST

Case 6:24-cv-03238-BP Document 6-1 Filed 08/13/24 Page 20 of 113

CITY UTILITIES OF SPRINGFIELD



Edgar Harris &lt;edgarharris19@gmail.com&gt;

---

**City Utilities Springfield MO - Service Request Approved**

2 messages

---

**No-Reply@cityutilities.net <No-Reply@cityutilities.net>**  
To: EDGARHARRIS19@gmail.com

Wed, May 15, 2024 at 3:25 PM

Dear City Utilities Customer,

This email confirms your online service request has been accepted and will be processed on the Service Date.

Account: 6314830087

Address: 1012 E DIVISION ST/SPRINGFIELD, MO 65803-3120

Service Type: Disconnect

Service Date: 5/15/2024

If you did not authorize this service request or have a question please do not reply to this email but call a Customer Service Representative at 1-417-863-9000.

Sincerely,

Customer Service  
City Utilities of Springfield

---

**No-Reply@cityutilities.net <No-Reply@cityutilities.net>**  
To: EDGARHARRIS19@gmail.com

Wed, May 15, 2024 at 3:25 PM

[Quoted text hidden]

DACAC  
215 S BARNES AVE  
SPRINGFIELD

MO 65802



HARRIS EDGAR S  
1012 E DIVISION ST.  
SPRINGFIELD MO 65803

ID #: 039-28523802

ENERGY ASSISTANCE PAYMENT NOTICE		Mail Date 01/02/2024
Supplier Number 150070-000	Supplier Name CITY UTILITIES OF SPRI	
Supplier Address PO BOX 551		
Supplier City, State, Zip SPRINGFIELD MO 65801		
On JAN 02, 2024 a payment of \$326.00 was issued to the above listed home energy supplier on your behalf. This payment represents the total amount of benefits you were approved to receive under Missouri's Low Income Home Energy Assistance Program. <i>Stark</i>		

Wheres the Pledge

\$ 326.00

Missing?



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

001000

Account Number  
**6314830087**

Payment Due By  
**January 11, 2024**

Page 1 of 3

**1012 E DIVISION ST/SPFD,MO****Summary**

**Billing Date**  
 12/20/2023

**Previous Charges**

Amount of Last Bill	\$	396.00
Payment Received (Thank You)		-336.00
Balance Forward	\$	60.00



123

**Cash Deposit On Hand**  
 \$150.00

**Current Charges**

Electric Service	\$	138.43
Gas Service		123.78
Water Service		41.14
Sewer Service		43.57
Total Current Charges		346.92

**Total Due By January 11, 2024**\$ **406.92****News****\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

*Please return this section with your payment*

301 E. Central - PO Box 551  
 Springfield, MO 65801  
 Connecting Our Community

**Account Number**  
**6314830087**

**Amount Due**  
**\$406.92**

Project SHARE  
 Additional Donation



\*\*\*AUTO\*\*SCH 5-DIGIT 65803  
 1237 1 AV 0.498\*\*\*\*\*1237 7-S59366D1000

**Payment Due By**  
**January 11, 2024**

**Amount Paid**

EDGAR HARRIS  
 1012 E DIVISION ST

SPRINGFIELD, MO 65801-0551  
 Case 6:24-cv-03228-BP

Document 6-1

Filed 08/13/24 Page 23 of 113

CITY UTILITIES OF SPRINGFIELD

PO BOX 551

SPRINGFIELD, MO 65801-0551



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

Payment made  
 on 7/24/2024  
 in the amount  
**\$ 531.00**

001000

Account Number  
**6314830087**

Payment Due By  
**January 11, 2024**

Page 3 of 3



**Water Service**

**Reading Dates**

From 11/14/2023  
 To 12/15/2023

Meter Number	Reading Type	Current Reading	Previous Reading	Total CCF	Days Billed
223366	Regular	1	0	1	10
97676	Regular	2518	2512	6	21
		This period last year		0	0



**Next Reading Date**

123

Approximately  
 01/19/2024

Residential Water Service Charges	\$	40.04
Tax	\$	0.75
Missouri Drinking Water Primacy Fee	\$	0.35
<b>Total Cost for This Service</b>	\$	<b>41.14</b>
7 CCF of Water = 5,236 Gallons		



**Sewer Service**

**Billing Period**

From 11/14/2023  
 To 12/15/2023

Residential Sewer Service Charges	\$	43.57
<b>Total Cost for This Service</b>	\$	<b>43.57</b>

**Days Billed 31**  
**Use Billed 7**



**Smell Gas? Act Fast.**

Call 863-9000 or 911 if you suspect  
 a natural gas leak in your home or office.

Billing Dates are different  
 on the same bill. But  
~~on~~ On other bills readings  
 for 6/23/24 Gas reading from 5/15/24-6/21/24  
 Sewer 5/23/24-6/25/24 Next Reading 7/23/2024



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

001000

Account Number  
**6314830087**

Payment Due By  
**January 11, 2024**

Page 2 of 3

**Service Address**

1012 E DIVISION ST/SPFD,MO

**Electric Service****Reading Dates**

From 11/15/2023  
 To 12/18/2023

**Next Reading Date**

Approximately  
 01/19/2024

Meter Number	Reading Type	Current Reading	Previous Reading	kWh Multiplier	Total kWh	Days Billed
401382	Regular	55684	54158	1.000	1526	33
			This period last year		0	0

Residential Electric Service Charges	\$	135.88
Tax		2.55
<b>Total Cost for This Service</b>	\$	<b>138.43</b>
Fuel Adjustment Factor: -\$0.0137 per kWh		

**Gas Service****Reading Dates**

From 11/15/2023  
 To 12/18/2023

**Next Reading Date**

Approximately  
 01/19/2024

Meter Number	Reading Type	Current Reading	Previous Reading	Total CCF	BTU Factor	Total Therms	Days Billed
88967	Regular	3562	3425	137	1.0229	140	33
			This period last year			0	0

Residential Gas Service Charges	\$	121.50
Tax		2.28
<b>Total Cost for This Service</b>	\$	<b>123.78</b>
Purchased Gas Cost: \$0.5826 per therm		

Dispute Procedures: If you believe your bill is in error, you must contact our office within 10 days of the billing date.  
 Customer consents and agrees to all rules, regulations, or ordinances adopted by the Board of Public Utilities and or the City of Springfield, MO, which may be now or hereafter adopted.

**1-888-863-9001** Report a Power Outage**(417) 831-8331** Payment Line**(417) 863-9000** All Other Calls

**www.cityutilities.net** For Utility Information, Online Payments  
 and to Report a Power Outage

**Bill Payment Locations:**Price Cutter  
Wal-Mart

Are you connected? Follow us!





000035

Account Number  
**6314830087**

301 E. Central - PO Box 551  
Springfield, MO 65801 - (417) 863-9000  
www.cityutilities.net  
Payment Line (417) 831-8331

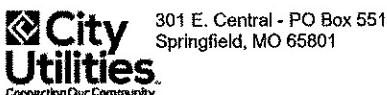
Payment Due By  
**June 12, 2024**

Page 1 of 4

<b>Summary</b>		<b>Previous Charges</b>		
	<b>Billing Date</b> 05/23/2024	Amount of Last Bill	\$	974.77
		Payment Received (Thank You)		-567.00
		Balance Forward	\$	407.77
<b>Current Charges</b>				
	<b>Cash Deposit On Hand</b> \$150.00	Electric Service	\$	107.02
		Gas Service		28.56
		Water Service		33.82
		Sewer Service		48.38
		Other Charges and Adjustments		30.00
		Total Current Charges		247.78
		<b>Total Due By June 12, 2024</b>	\$	<b>655.55</b>

**\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

*Please return this section with your payment*

EDGAR HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65803-3120

**Account Number**  
**6314830087****Payment Due By**  
**June 12, 2024****Amount Due**  
**\$655.55**Project SHARE  
Additional Donation  
 Amount Paid  
CITY UTILITIES OF SPRINGFIELD  
PO BOX 551  
SPRINGFIELD, MO 65801-0551



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

002677

Account Number  
**6314830087**

Payment Due By  
**July 15, 2024**

Page 1 of 4

<b>Summary</b>		<b>Previous Charges</b>		
<b>Billing Date</b>		Amount of Last Bill		\$ 590.02
06/25/2024		Payment Received (Thank You)		-60.00
		Balance Forward		\$ 530.02
		<b>Current Charges</b>		
<b>Cash Deposit On Hand</b>		Electric Service		\$ 326.13
\$150.00		Gas Service		36.63
		Water Service		72.24
		Sewer Service		40.78
		Other Charges and Adjustments		52.97
		Total Current Charges		528.75
		<b>Total Due By July 15, 2024</b>		\$ 1,058.77



**\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

**LESS WASTE!** We noticed you have been enjoying our easy, mail-free payment options, so we will no longer be including return envelopes. You can continue to eliminate waste by signing up for paperless billing at [www.cityutilities.net](http://www.cityutilities.net).

*Please return this section with your payment*



301 E. Central - PO Box 551  
 Springfield, MO 65801  
*Connecting Our Community*

**Account Number**  
**6314830087**

**Amount Due**  
**\$1,058.77**

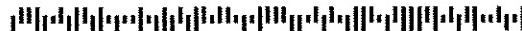
Project SHARE  
 Additional Donation

Amount Paid



\*\*\*AUTO\*\*\*SCH 5-DIGIT 65803  
 843 1 AV 0.507\*\*\*\*843 5-S62280D2677

EDGAR HARRIS  
 316 N KEN AVE  
 SPRINGFIELD, MO 65802-6212



CITY UTILITIES OF SPRINGFIELD  
 PO BOX 551  
 SPRINGFIELD, MO 65801-0551



Michele Harris &lt;harrismichele27@gmail.com&gt;

**<24-203> Follow up on sewage claim**

2 messages

Keithley, Amy &lt;amy.keithley@springfieldmo.gov&gt;

Fri, Jul 5, 2024 at 3:48 PM

To: Michele Harris &lt;harrismichele27@gmail.com&gt;

Cc: "live-inbox-lockton@origamirisk.com" &lt;live-inbox-lockton@origamirisk.com&gt;

Michele,

The June meeting was cancelled and we are waiting to get the July meeting date.

We will let you know once we have a date.

Thank you,

**Amy Keithley**

Claims-Risk Management

Busch Municipal Bldg

840 Boonville Ave

Springfield, MO. 65802

Phone: 417-864-1522

Fax: 417-719-7919

[Amy.Keithley@springfieldmo.gov](mailto:Amy.Keithley@springfieldmo.gov)

*"If claim related, please include your claim number or date of loss for quicker response."*



ATTORNEY GENERAL OF MISSOURI  
JEFFERSON CITY  
65102

ANDREW BAILEY  
ATTORNEY GENERAL

P.O.Box 899  
(573) 751-3321

July 24, 2024

Mrs. Michele K Harris  
316 North Ken Ave.  
Springfield, MO 65802

RE: Complaint No. CC-2024-07-001380      Springfield City Utilities

Dear Mrs. Harris:

Thank you for contacting the Missouri Attorney General's Office. As you know, our office has been mediating your complaint with the above-mentioned company. A copy of the most recent response is enclosed for your review.

We are pleased we were able to assist you in this matter and hope that this satisfies any concerns you may have had. If you have any additional questions, please feel free to contact our office.

Again, we thank you for contacting our office.

Sincerely,

*Jake Humphrey*

Jake Humphrey  
Office of the Attorney General  
Consumer Advocate  
Consumer Protection Division  
P.O. Box 899 | Jefferson City, MO 65102  
Email: jake.humphrey@ago.mo.gov  
Phone: (573) 751-1246 | Fax: () -

7/24/2024

EDGAR S HARRIS  
316 North Ken Avenue  
Springfield MO 65802

A payment for emergency utility assistance has been made on your behalf to the vendor and in the amount as indicated below.

Program: OAC\_LIHEAP  
Vendor: Combined Utilities/City Utilities

Date: 7/24/2024  
Amount: \$531.00

Check#: 201018

All questions regarding this payment should be addressed to the Energy Assistance Coordinator.

If you do not agree with the reason(s) for the amount set forth above, you may submit additional or corrective information which you believe will warrant a favorable determination of eligibility within 10 days. With or without additional information, you have the opportunity to appeal the amount of assistance with this office.

Sincerely,

LIHEAP Department  
ENERGY ASSISTANCE COORDINATOR

Households that heat their home with natural gas or propane are asked to provide their electric account information when applying for LIHEAP assistance.

The electric bill must be in the applicant's name, another adult household member's name (age 18 or older), or your landlord's name. Failure to provide this information may result in an ineligibility determination for LIHEAP benefits.

~~406.92~~ 406.92 start.  
3/11-Jan 532.17 959.33

Payment 371.05 35.00 carried over

Current Bill 499 total 532.17 date feb

~~532.17~~ 532.17 start

NO payment

Current Bill 427.18 total 959.33

March 12

Bill March 21 959.33 Start

NO payment

Current Bill 229.16 total 1188.49

April 1

Bill April 19 1188.49 start

Payment 533.00 forward ~~5.655.49~~

Current Bill 389.28 total 974.28 May

Bill May 23 974.77 start

Payment 567.00 carried over 407.77

Current Bill ~~247.78~~ 247.78 total 655.55

June 1



Connecting Our Community

301 E. Central - PO Box 551  
 Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
 Payment Line (417) 831-8331

Account Number  
**6314830087**

Payment Due By  
**January 11, 2024**

Page 1 of 3

**1012 E DIVISION ST/SPFD,MO**
**Summary**
**Billing Date**  
 12/20/2023
**Previous Charges**

Amount of Last Bill	\$	396.00
Payment Received (Thank You)		-336.00
Balance Forward		

I made a \$0.00  
 payment in April  
 its missing  
 2024

\$ 60.00

This \$60.00  
 Shows up  
 mysteriously on  
 June's Bill for July  
 as a 60 dollar  
 carry over.

346.92

**Current Charges**
**Cash Deposit**  
 On Hand  
 \$150.00

Electric Service	\$	138.43
Gas Service		123.78
Water Service		41.14
Sewer Service		43.57
Total Current Charges		

**Total Due By January 11, 2024**
**\$ 406.92**
**News**
**\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

*Please return this section with your payment*
 301 E. Central - PO Box 551  
 Springfield, MO 65801

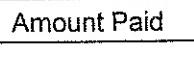
**Account Number**  
**6314830087**
**Amount Due**  
**\$406.92**

 Project SHARE  
 Additional Donation

 PAYMENT BY 5-DIGIT 65803  
 12371 AT 1.499\*\*\*\*\*1237 7-S5936601100

**Payment Due By**  
**January 11, 2024**

Additional Donation



Amount Paid


 EDGAR HARRIS  
 1012 E DIVISION ST  
 SPRINGFIELD, MO 65803-3120

 CITY UTILITIES OF SPRINGFIELD  
 PO BOX 551  
 SPRINGFIELD, MO 65801-0551

Bill June 6 Start 590.02

Payment 60.00 carried over 530.02  
Current 538.75 Total 1058.77

Bill July 25th Start 1058.77

No Payment

Current 663.40 Total 1722.17

~~Bill Due 13~~ Start ~~1058.77~~ Due August 13  
July 25th 1058.77  
No payment Carried over 1058.77  
Current 663.40 / total ~~1722.17~~ Due August 13

July 25th Bill has been  
Billed twice in the amount  
of 1722.17 Oacac has pledged  
3 times and our Bishop a  
LDS Bishop Rick Robinson.

**From:** Sonya Taylor  
**To:** Humphrey, Jake  
**Subject:** Re: MO Attorney General Complaint CC-2024-07-001474 HS Properties Mgt.  
**Date:** Thursday, July 25, 2024 12:58:21 PM

---

Good afternoon, Jake, sorry for the delay in response for I have been out of the office and am just catching up to my emails.

RE: Complaint No. CC-2024-07-001474

Mrs. Harris's claims are excessive and in no way inline with the actual facts of her tenancy from 10/2023-5/2024.

All claims made by the Harris's have been addressed, fixed, repaired, discussed, and escalated from our company/ team and Housing Authority of Springfield. The building inspectors of Springfield have also followed up on the mentioned problems with the unit and it passed the inspection in the allotted time given by the city.

Michelle Harris was asked to leave our building and not return after she met our office staff with hostility, foul language, and threats.

I trust our staff, team, and all agents have followed all policies, laws, and procedures.

We do not plan to give the Harris's any monetary settlement and will seek to be paid for the damages to the unit that were beyond normal wear and tear during their short tenancy.

Thank you

---

**From:** jake.humphrey@ago.mo.gov <jake.humphrey@ago.mo.gov>  
**Sent:** Wednesday, July 10, 2024 7:58 AM  
**To:** Sonya Taylor <sonya@hspropertymgmt.com>  
**Subject:** MO Attorney General Complaint CC-2024-07-001474 HS Properties Mgt.

Please see the attached correspondence from the office of Missouri Attorney General Andrew Bailey.

This email message, including the attachments, is from the Missouri Attorney General's Office. It is for the sole use of the intended recipient(s) and may contain confidential and privileged information, including that covered by § 32.057, RSMo. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. Thank you.



Michele Harris &lt;harrismichele27@gmail.com&gt;

**Electric bill disconnect look at the dates on both bills HOW does two different amounts come out on the same day after the disconnect notice came yesterday please call...?? City Utilities it's in my husband's name Edgar harris**

2 messages

**Michele Harris** <harrismichele27@gmail.com>  
To: "Humphrey, Jake" <jake.humphrey@ago.mo.gov>

Fri, Jul 26, 2024 at 8:23 AM

This is my bill toda but I got a disconnect in the mail for  
Yesterday saying it would be disconnected today.

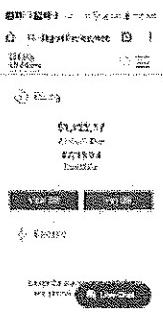
I woke up this morning and it says 1722.17 can you call today I will be disconnected today without electricity how did  
thus happen over nite. Did you make contact yet because will not have no electricity and were disabled in this house I  
use a lot of plug in equipment.

Also on the disconnect it said on the top it was printed on July 15 I got the bill yesterday saying but will be cut off  
today no bother warning of disconnect please can you do something

**2 attachments****Screenshot\_20240726-073334\_4.png**  
241K**Screenshot\_20240726-0733340\_4.png**  
241K**Michele Harris** <harrismichele27@gmail.com>  
Draft To: "Humphrey, Jake" <jake.humphrey@ago.mo.gov>

Fri, Jul 26, 2024 at 8:24 AM

[Quoted text hidden]





August 1, 2024

**VIA ELECTRONIC MAIL: jake.humphrey@ago.mo.gov**

Jake Humphrey, Consumer Advocate  
Office of the Attorney General  
Consumer Protection Division  
P.O. Box 899  
Jefferson City, MO 65102

**Re: Complaint No CC-2024-07-001380 – Michele K. Harris**

Dear Mr. Humphrey:

Please accept this letter as City Utilities’ response to the complaint filed with your office by Michele K. Harris which is referenced in your letter to City Utilities dated July 26, 2024. Complainant has failed to make any allegation which gives rise to a violation of law or applicable rule.

As an initial matter, it is our understanding from the material received from your office and from the City of Springfield that Mrs. Harris’ original grievance under Complaint Number CC-2024-07-001380 related to an alleged sewer backup. We further understand that the City of Springfield, which operates the sewer system, appropriately responded to that grievance on July 22, 2024 noting that the matter was resolved. Accordingly, this response does not address the grievance regarding the sewer. This response only addresses the additional documents accompanying your letter of July 26, 2024, including an email from Mrs. Harris about a utility disconnect notice and what appears to be a screenshot from Ms. Harris’ phone showing an amount due on her City Utilities account.

Since it appears Mrs. Harris’ complaint relates to the amount due on her account, the timing of when her last bill was posted, and the status of the disconnect notice, the following is a timeline to clarify the same:

**05/13/2024** – Ms. Harris requested to end service at one address and start service at her new address, 316 N Ken Ave, effective May 15, 2024. When the new service started, a balance of \$407.77 was carried over from her previous address.

**05/16/2024** – An account entry fee (AEF) of \$30.00 was assessed to start service at 316 N Ken Ave., bringing the account balance up to \$437.77. On the same day, service was turned off at the prior address.

417.863.9000  
PHONE

301 EAST CENTRAL STREET  
Springfield, MO 65802

P.O. BOX 551  
Springfield, MO 65801

cityutilities.net  
WEB

August 1, 2024  
Page 2 of 2

**05/23/2024** – A bill of \$217.78 posted, bringing the account balance to \$655.55. This bill included the final bill for the prior address and a sewer bill for the new address (5/15 to 5/23).

**05/31/2024** – A Late Payment Charge of \$65.53 was credited back to the account and a payment of \$60.00 posted, lowering the balance to \$530.02.

**06/25/2024** – A Late Payment Charge of \$52.97 was assessed and a bill of \$475.78 posted to the account, bringing the balance up to \$1058.77.

**07/15/2024** – A disconnect letter was mailed stating the disconnect amount of \$530.02 had to be paid by July 26, 2024 to stop the disconnect.

**07/22/2024** – A Summer ECIP pledge of \$531.00 was made by OACAC, resolving the disconnect. *Note: The pledge is only an agreement to pay; no actual payment was received or posted at that time.*

**07/25/2024** – A bill posted in the amount of \$663.40, bringing the balance up to \$1722.17. *Note: bills post in the evening, so this is why Mrs. Harris may have seen a larger amount due on the morning of her email, July 26, 2024, than she did during the previous day.*

**07/26/2024** – Mrs. Harris contacted City Utilities and asked if OACAC had pledged on her account. She was informed that OACAC did pledge and the disconnect had been stopped.

**07/29/2024** – Utility assistance (Summer ECIP) posted to the account in the amount of \$531.00, lowering the account balance to \$1,191.17.

**07/29/2024** – A Late Payment Charge of \$52.73 was assessed on the past due balance of \$527.77, bringing the account balance up to \$1,243.90.

Currently, this account is not in disconnect status. The next review date is August 13, 2024, at which time a new disconnect may be issued. A new bill will post to the account on August 23, 2024.

I am hopeful this letter will answer your questions, but should you need any additional information regarding the above, please do not hesitate to contact me.

Sincerely,

/s/ *Katherine A. Thompson*  
Legal/Regulatory Counsel

417.863.9000  
PHONE

301 EAST CENTRAL STREET  
Springfield, MO 65802

P.O. BOX 551  
Springfield, MO 65801

cityutilities.net  
WEB



Connecting Our Community

301 E. Central - PO Box 551  
Springfield, MO 65801 - (417) 863-9000  
[www.cityutilities.net](http://www.cityutilities.net)  
Payment Line (417) 831-8331

002691

Account Number  
**6314830087**

Payment Due By  
**August 13, 2024**

**316 N KEN AVE/SPFD,MO**

Page 1 of 3

**Summary**

**Billing Date**  
07/25/2024

**Previous Charges**

Amount of Last Bill	\$	1,058.77
Payment Received		0.00
Balance Forward	\$	1,058.77

**Cash Deposit On Hand**  
\$150.00

**Current Charges**

Electric Service	\$	546.72
Gas Service		33.39
Water Service		42.51
Sewer Service		40.78
Total Current Charges		663.40

**Total Due By August 13, 2024**

\$ **1,722.17**

**News**

**\*\*\*IMPORTANT MESSAGE\*\*\***

Our information shows your phone number as (417) 324-2903. Providing City Utilities with an up-to-date phone number will allow you to report your power outage faster. To update this information online, visit [www.cityutilities.net](http://www.cityutilities.net) or call City Utilities' Customer Service Center at (417) 863-9000.

**LESS WASTE!** We noticed you have been enjoying our easy, mail-free payment options, so we will no longer be including return envelopes. You can continue to eliminate waste by signing up for paperless billing at [www.cityutilities.net](http://www.cityutilities.net).

*Please return this section with your payment*



301 E. Central - PO Box 551  
Springfield, MO 65801

**Account Number**  
**6314830087**

**Amount Due**  
**\$1,722.17**

Project SHARE  
Additional Donation



**Payment Due By**  
**August 13, 2024**

Amount Paid

\*\*\*AUTO\*\*SCH 5-DIGIT 65803  
828 1 AV 0.545\*\*\*\*\*828 5-S62721D2699



EDGAR Case # 6:24-cv-03238-BP Document 6-1 Filed 08/13/24 Page 39 of 119  
316 N KEN AVE  
SPRINGFIELD, MO 65802-6212

Filed 08/13/24 Page 39 of 119

CITY UTILITIES OF SPRINGFIELD  
PO BOX 551



## ATTORNEY GENERAL OF MISSOURI

JEFFERSON CITY  
65102

P.O.Box 899  
(573) 751-3321

ANDREW BAILEY  
ATTORNEY GENERAL

August 1, 2024

Mrs. Michele K Harris  
316 North Ken Ave.  
Springfield, MO 65802

RE: Complaint No. CC-2024-07-001380      Springfield City Utilities

Dear Mrs.Harris:

Thank you for contacting the Missouri Attorney General's Office. As you know, our office has been mediating your complaint with the above-mentioned company. A copy of the most recent response is enclosed for your review. The company denies any wrong-doing and therefore, will not be providing the relief you are seeking.

We regret that we were unable to assist you further in this matter. Please keep in mind this does not mean your complaint is without merit. You may want to consult with a private attorney or file a claim through small claims court.

Again, we thank you for contacting our office.

Sincerely,

*Jake Humphrey*

Jake Humphrey  
Office of the Attorney General  
Consumer Advocate  
Consumer Protection Division  
P.O. Box 899 | Jefferson City, MO 65102  
Email: jake.humphrey@ago.mo.gov  
Phone: (573) 751-1246 | Fax: () -

July 19, 2024

Michele Harris  
316 North Ken Ave  
Springfield, MO 65802

Hello Mrs. Jarris,

I am writing in regard to Sunshine Request R013892-071724. I am providing the records responsive or responses received from the department(s) listed below:

**Environmental Services**

Environmental Services won't have records pertaining to this request.

**Fire Department**

We have completed a thorough history search for past incidents, inspection activities, permits and archived records covering approximately 16+ years. There was no information found regarding fires, hazardous material spills, or complaints at or in the vicinity of the properties in the referenced request, as well as information regarding hazardous materials stored, underground storage tanks (USTs), and above ground storage tanks (ASTs). The Springfield Fire Department considers your request closed.

**Health Department**

The Health Department has no records for this request.

**Building Development Services**

The requested records we have are provided.

**Health Department - Animal Control Division**

Provided is the information requested in Sunshine Request R013892-071724.

If you have any other questions, please let me know.

Thank you for your request,

Russ McLaughlin

# Springfield Animal Control

320 E CENTRAL  
SPRINGFIELD, MO 65802  
Phone: (417) 864-1126

Humane service to the public and their pets.

## Incident REPORT

Call ID: 194447  
Status: Complete

Printed 07-19-2024 07:26:12

### Origination

Date: 04-24-2024 10:11:25  
Logged by: Angela Foster  
Zone: ZONE 2  
Location: 1012 E Division, Springfield, MO 65000  
Reason: Contact Resident,Dog At Large,Pd Call

Notes:

Owner of animal at origination

Citizen Making Report

### Dispatch and Outcome

Assigned:	04-24-2024 10:11:40	Officer:	Angela Foster	Priority	3
Arrived at location:					
Final Outcome:	04-24-2024 10:36:55	Outcome:	Animal Not Found		

### Officer/Outcome Notes for Call ID: 194447

Date: 04-24-2024 10:11:54 Note: 358787 Aco Report/Aco/Foster, Angela  
Edgar @ 417-307-3482 reporting a white pit bull on back porch acting aggressive

Date: 04-24-2024 10:23:21 Note: 358789 Aco Report/Aco/Foster, Angela  
attempted contact with Edgar , went to v/m did not leave message will patrol

### Animal Involved

No specific animal is associated with this Summons

Summons Number:

End of Call Report 194447

**INFORMATION - CASE# BLI2024-00184**

<b>Case Type</b>	BLIGHTED
<b>Case Type Description</b>	Blighted Building Code Enforce
<b>Primary Contact</b>	
<b>Name</b>	anon
<b>Address</b>	1012 E DIVISION ST SPRINGFIELD MO 65803
<b>Location</b>	
<b>Case is Released.</b>	
<b>Current milestone is Release Documents.</b>	
<b>Current unpaid amount of \$0.00.</b>	
<b>Account:</b>	M-208658
<b>Current Abatement Fees</b>	0.00

**Case Information****Status Dates**

Processed 5/6/2024 15:52  
by CHAD STAUFFER  
Resolution 6/18/2024 16:16  
by LACEY N COBLE  
Expire Date

**Case Information**

Case Group DB  
Resolution Code  
Source  
Case Name  
Priority

**Priority Description**

**Comments**  
Tenant has called Housing Auth, who said they would contact the manager, but manager is not fixing, they have sewage water packing up into the basement, don't know if it's a leaking pipe or what, also water in a wall, and in a light, also mentioned pests.

Michelle is on current lease, 417-901-2154, please call prior to arrival

**Code Violations****Update Status**

Code Violations	Description	Violation Date	Status #	Inspection #	Review Status	Unit	Room	Code	Text	Comments
26-02(12)	Thee built-in violation of the building, plumbing, electrical, fuel gas, property maintenance or zoning codes of the city or used in violation thereof.	5/5/2024 16:07	80980	1					These built-in violation of the building, plumbing, electrical, fuel gas, property maintenance or zoning codes of the city or used in violation thereof.	Property is in violation of the International property maintenance code.
Other		5/6/2024 16:39	80980	1					None section 304.13 windows - Windows upstairs not opening. Window downstairs is broken.	None section 506.2 - maintenance drain in basement not draining properly.
IPMC	Other	5/6/2024 16:12	80980	1						

IPMC Other 00980 1 5/6/2024 16:14

IPMC Other 80980 1 5/6/2024 16:16

IPMC Other 80980 1 5/6/2024 16:18

IPMC section 704.6.1.1 smoke alarms - Functioning smoke alarm is required in every sleeping area. A carbon monoxide/smoke combination unit is required in the immediate vicinity outside of bedrooms.

IPMC section 308.3 - pest elimination- the occupants of a one family dwelling shall be responsible for pest elimination on the premises; it is the owners responsibility to make sure the premises is free of past prior to leasing.;

IPMC section 603.1 -Appliances- Appliances shall be properly installed and maintained in a safe working condition. The stove in the kitchen must have an anti-bracket installed.;

## Case Details

### Case Details

Description	Log
Fee Details	Log
Case Contacts	Log
Case History	Log
FCF and COL Details	Log
GIS Details	Log
Inspection History	Log
Pay Payment Plan	Log
Work Order Detail	Log
Full Legal Description/Recorded Documents	Log
Assessment Calculations	Log
Payment Plan Details	Log

## Reviews

### Record Results

Review #	Type	Description	# Added	Result By	Result Recorded	Completed By	Completed	Department Assigned To	Started By	Issued By	Comments	Assigned To	Result By	Completed By
106018	Mail/LOC	Letter of Condition	1	5/6/2024 16:20	Complete	LCOBLE	5/7/2024 08:52	LCOBLE	8DSCodeHou	LCOBLE	5/7/2024 09:32	LCOBLE		
110108	RelDoc/Own	Release, Documents, Closed by Owner	1	5/18/2024 13:43	Complete	LCOBLE	5/18/2024 16:15	LCOBLE	8DSCodeHou	LCOBLE	5/18/2024 16:15	LCOBLE	No documents needing to be released for this case.	
110109	Dir/Visig	Director Verify Signature	1	5/18/2024 13:43	NA	LCOBLE	5/18/2024 16:14	LCOBLE	8DSCodeDir	LCOBLE	5/18/2024 16:14	LCOBLE		

## Inspections

### Record Results

Inspection #	Type	Description	# Result	Result	Assigned To	Comments	Call	Scheduled	Completed	Time Preference	By	Inspected	Started	Added Location To	By	Provider	Resulted By	Provider	Completed By
80979	Post	Post Property	1	Complete	CSTAUFFER	CSTAUFFER	5/6/2024 09:00	5/6/2024 16:21			cSTAUFFER	5/6/2024 16:52							
80980	InitInsp	Initial Inspection and Posting	1	Initial	CSTAUFFER	CSTAUFFER	5/6/2024 09:00	5/6/2024 16:20			cSTAUFFER	5/6/2024 15:52							
81010	LocInsp	Letter of Condition Inspection	1	Monitor	CSTAUFFER	CSTAUFFER	5/14/2024 12:37	5/14/2024 09:00	5/25/2024 14:44		cSTAUFFER	5/7/2024 09:52							
82223	LocInsp	Letter of Condition Inspection	2	Own/Abated	CSTAUFFER	CSTAUFFER		5/22/2024 09:52	5/18/2024 13:43		cSTAUFFER	5/29/2024 14:45							

All Contacts	Primary Resp	Account Holder	Capacity	Last Name	First Name	Professional ID	DBA	Effective	Expire	Comments
	true									8/13/2024

**Sites**

Linked Sites

(No Data)

Associated Sites

(No Data)

**Employees**

Employeees

(No Data)

**Related Records**

Parent Cases

(No Data)

Child Cases

(No Data)

Other Applications and Licenses

(No Data)

Service Requests

(No Data)

Service Request #	Request Type	Request Date	Priority	Responsibility	Inspector
197288	05003	4/28/2024 12:38	HG	cstrauffer	

Groups

(No Data)

**Logs**

Event Log

(No Data)

Status Log

(No Data)

Changed On	Milestone	Case Status	Changed By	System Generated Comments
8/18/2024 15:15	Release Documents	Released	LCOBLE	true
8/18/2024 13:45	Closed by Owner	Closed	CSTRAUFFER	
8/18/2024 13:43	Closed by Owner	Closed	CSTRAUFFER	
8/18/2024 13:43	Closed by Owner	Closed	CSTRAUFFER	true
5/7/2024 08:52	LOC Inspection	Inspection	LCOBLE	true
5/6/2024 16:20	LOC Malling	Inspection	CSTRAUFFER	true
5/6/2024 15:52	Initial Inspection	Inspection	CSTRAUFFER	true

**Attachments**

(No Data)

Hearings Hearings (No Data)																																																																													
Conditions	Approve Selected Conditions																																																																												
Fees	<table border="1"> <tr><td>Total Fees</td><td>0.00</td></tr> <tr><td>Unpaid Fees</td><td>0.00</td></tr> <tr><td>Paid Fees</td><td>0.00</td></tr> <tr><td>Amount Due Now</td><td>0.00</td></tr> <tr><td>Overpayments</td><td>0.00</td></tr> <tr><td>Refund</td><td></td></tr> <tr><td>Total Credits</td><td>0.00</td></tr> <tr><td>Apply</td><td></td></tr> </table>	Total Fees	0.00	Unpaid Fees	0.00	Paid Fees	0.00	Amount Due Now	0.00	Overpayments	0.00	Refund		Total Credits	0.00	Apply																																																													
Total Fees	0.00																																																																												
Unpaid Fees	0.00																																																																												
Paid Fees	0.00																																																																												
Amount Due Now	0.00																																																																												
Overpayments	0.00																																																																												
Refund																																																																													
Total Credits	0.00																																																																												
Apply																																																																													
Fees	<a href="#">Refund Fees</a> <a href="#">Recalculate Fees</a> <a href="#">Waive Fees</a>																																																																												
All Fees (No Data)																																																																													
Deposits (Tab Not Loaded)																																																																													
Transactions (Tab Not Loaded)																																																																													
Contacts	<h3>Contact Information</h3> <table> <tr><td>Name</td><td>anon</td><td>First Name:</td><td>MI</td></tr> <tr><td>Middle Initial:</td><td></td><td></td><td></td></tr> <tr><td>Contact Type:</td><td>Citizen</td><td></td><td></td></tr> <tr><td>Address:</td><td>anon</td><td></td><td></td></tr> <tr><td>Address Line 2:</td><td></td><td></td><td></td></tr> <tr><td>City:</td><td>anon</td><td></td><td></td></tr> <tr><td>State/Province:</td><td>MO</td><td></td><td></td></tr> <tr><td>ZIP/PC:</td><td></td><td></td><td></td></tr> <tr><td>Country:</td><td></td><td></td><td></td></tr> <tr><td>Title:</td><td></td><td></td><td></td></tr> <tr><td>Expiration Date:</td><td>(555)555-5555</td><td></td><td></td></tr> <tr><td>Other Phone:</td><td>(555)555-5555</td><td></td><td></td></tr> <tr><td>Mobile Number:</td><td></td><td></td><td></td></tr> <tr><td>E-Mail:</td><td></td><td></td><td></td></tr> <tr><td>Foreign:</td><td>no</td><td></td><td></td></tr> <tr><td>Conn. Delivery:</td><td>None</td><td></td><td></td></tr> <tr><td>Company Name:</td><td></td><td></td><td></td></tr> <tr><td>Internet ID Type 1:</td><td>ID 1</td><td></td><td></td></tr> <tr><td>Internet ID Type 2:</td><td>ID 2</td><td></td><td></td></tr> </table> <p>(No Data)</p>	Name	anon	First Name:	MI	Middle Initial:				Contact Type:	Citizen			Address:	anon			Address Line 2:				City:	anon			State/Province:	MO			ZIP/PC:				Country:				Title:				Expiration Date:	(555)555-5555			Other Phone:	(555)555-5555			Mobile Number:				E-Mail:				Foreign:	no			Conn. Delivery:	None			Company Name:				Internet ID Type 1:	ID 1			Internet ID Type 2:	ID 2		
Name	anon	First Name:	MI																																																																										
Middle Initial:																																																																													
Contact Type:	Citizen																																																																												
Address:	anon																																																																												
Address Line 2:																																																																													
City:	anon																																																																												
State/Province:	MO																																																																												
ZIP/PC:																																																																													
Country:																																																																													
Title:																																																																													
Expiration Date:	(555)555-5555																																																																												
Other Phone:	(555)555-5555																																																																												
Mobile Number:																																																																													
E-Mail:																																																																													
Foreign:	no																																																																												
Conn. Delivery:	None																																																																												
Company Name:																																																																													
Internet ID Type 1:	ID 1																																																																												
Internet ID Type 2:	ID 2																																																																												

**Case No.** BLI2024-00184

**Address:** 1012 E DIVISION ST

**Inspector** CHAD STAUFFER

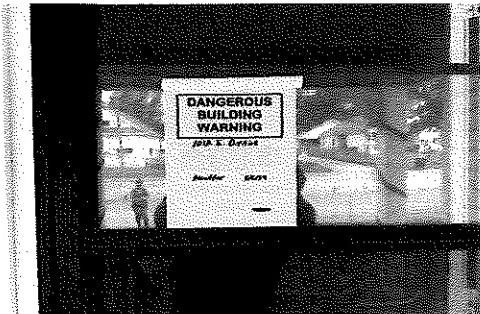


20240506155535099.jpeg

INSPECTION No. 80980

INSPECTION Type: InitInsp

DATE Added: 5/6/2024 3:55:55 PM



20240506155535860.jpeg

INSPECTION No. 80980

INSPECTION Type: InitInsp

DATE Added: 5/6/2024 3:55:57 PM



20240506155536558.jpeg

INSPECTION No. 80980

INSPECTION Type: InitInsp

DATE Added: 5/6/2024 3:55:58 PM



20240506155537228.jpeg

INSPECTION No. 80980

INSPECTION Type: InitInsp

DATE Added: 5/6/2024 3:56:01 PM



20240506155537981.jpeg

INSPECTION No. 80980

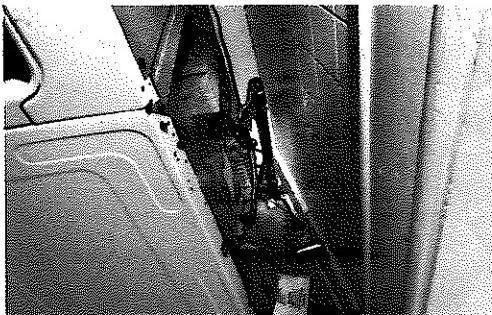
INSPECTION Type: InitInsp

DATE Added: 5/6/2024 3:56:04 PM

**Case No.** BLI2024-00184

**Address:** 1012 E DIVISION ST

**Inspector** CHAD STAUFFER



20240506155538655.jpeg  
INSPECTION No. 80980  
INSPECTION Type: InitInsp  
DATE Added: 5/6/2024 3:56:06 PM



20240506155539330.jpeg  
INSPECTION No. 80980  
INSPECTION Type: InitInsp  
DATE Added: 5/6/2024 3:56:08 PM



20240506155540015.jpeg  
INSPECTION No. 80980  
INSPECTION Type: InitInsp  
DATE Added: 5/6/2024 3:56:10 PM



20240506155540681.jpeg  
INSPECTION No. 80980  
INSPECTION Type: InitInsp  
DATE Added: 5/6/2024 3:56:12 PM



20240506155541347.jpeg  
INSPECTION No. 80980  
INSPECTION Type: InitInsp  
DATE Added: 5/6/2024 3:56:14 PM



ATTORNEY GENERAL OF MISSOURI

JEFFERSON CITY  
65102

P.O.Box 899  
(573) 751-3321

ANDREW BAILEY  
ATTORNEY GENERAL

July 19, 2024

michele harris  
316 N Ken Ave  
Springfield, MO 65802

RE: Complaint No. CC-2024-07-003704 springfield housing authourity

Dear michele harris:

Thank you for contacting The Missouri Attorney General's Consumer Complaint Unit. I reviewed your complaint carefully and determined that it does not generally fall within the scope of matters handled by the Complaint Unit.

I have forwarded your complaint to the Dept. of Housing and Urban Development, Attn: Complaint Department, 451 7th Street, SW, Washington, DC 20410.

Should you require assistance in the future, please contact the Consumer Protection Hotline at 1-800-392-8222 or visit our web site at [www.ago.mo.gov](http://www.ago.mo.gov).

Sincerely,

*Jake Humphrey*

Jake Humphrey  
Office of the Attorney General  
Consumer Advocate  
Consumer Protection Division  
P.O. Box 899 | Jefferson City, MO 65102  
Email: [jake.humphrey@ago.mo.gov](mailto:jake.humphrey@ago.mo.gov)  
Phone: (573) 751-1246 | Fax: () -

## FY 2024 Fair Market Rent Documentation System

The FY 2024 Springfield, MO HUD Metro FMR Area FMRs for All Bedroom Sizes

Final FY 2024 & Final FY 2023 FMRs By Unit Bedrooms

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2024 FMR	\$718	\$723	\$921	\$1,274	\$1,434
FY 2023 FMR	\$676	\$681	\$871	\$1,225	\$1,383

Greene County, MO is part of the Springfield, MO HUD Metro FMR Area, which consists of the following counties: Christian County, MO; Greene County, MO; and Webster County, MO. All information here applies to the entirety of the Springfield, MO HUD Metro FMR Area.

## FY 2023 Fair Market Rent Documentation System

The FY 2023 Springfield, MO HUD Metro FMR Area FMRs for All Bedroom Sizes

Final FY 2023 & Final FY 2022 FMRs By Unit Bedrooms

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2023 FMR	\$676	\$681	\$871	\$1,225	\$1,383
FY 2022 FMR	\$601	\$605	\$775	\$1,101	\$1,246

Greene County, MO is part of the Springfield, MO HUD Metro FMR Area, which consists of the following counties: Christian County, MO; Greene County, MO; and Webster County, MO. All information here applies to the entirety of the Springfield, MO HUD Metro FMR Area.

## FY 2022 Fair Market Rent Documentation System

The FY 2022 Springfield, MO HUD Metro FMR Area FMRs for All Bedroom Sizes

Final FY 2022 & Final FY 2021 FMRs By Unit Bedrooms

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2022 FMR	\$601	\$605	\$775	\$1,101	\$1,246
FY 2021 FMR	\$591	\$595	\$760	\$1,088	\$1,241

Greene County, MO is part of the Springfield, MO HUD Metro FMR Area, which consists of the following counties: Christian County, MO; Greene County, MO; and Webster County, MO. All information here applies to the entirety of the Springfield, MO HUD Metro FMR Area.

## RESIDENTIAL LEASE

This Lease Agreement (the "Agreement") is made and entered on September 03, 2022 (the "Effective Date") by and between ALL Square Construction llc (the "Landlord") and the following tenants:

Michelle Harris, Edgar Harris

(the "Tenant")

Subject to the terms and conditions stated below the parties agree as follows:

**1. PREMISES.** Landlord, in consideration of the lease payments provided in this Lease, leases to Tenant the following: \_\_\_\_\_ (the "Premises") located at 1703 N. Hayes, Springfield, Missouri 65803. No other portion of the building (hereinafter, the Building), wherein the Premises is located is included unless expressly provided for in this Agreement.

**2. TERM.** The lease term will begin on September 03, 2022 ("Commencement Date") and will terminate on September 03, 2023, and thereafter shall be month-to-month on the same terms and conditions as stated herein, save any changes made pursuant to law, until terminated.

Tenant shall vacate the Premises upon termination of the Agreement, unless: (i) Landlord and Tenant have extended this Agreement in writing or signed a new agreement; (ii) mandated by local rent control law; or (iii) Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy shall be created which either party may terminate by Tenant giving Landlord written notice of at least 30 days prior to the desired termination date, or by Landlord giving Tenant written notice as provided by law. Rent shall be at a rate agreed to by Landlord and Tenant, or as allowed by law. All other terms and conditions of this Agreement shall remain in full force and effect.

**3. MANAGEMENT.** The Tenant is hereby notified that Adrian is the property manager in charge of the Property. Should the tenant have any issues or concerns the Tenant may contact Adrian at 1461 e. Commercial, Springfield, Missouri 65803, 4172342159, mr.allsquareconstruction@gmail.com.

**4. RENT; LEASE PAYMENTS.** "Rent" shall mean all monetary obligations of Tenant to Landlord under the terms of this Agreement, except the Security Deposit.

(a) Tenant shall pay to Landlord lease payments of \$900.00, payable in advance on the first day of each calendar month, and is delinquent on the next day. Lease payments shall be made to Landlord at the address of Landlord noted in the Notices provision of this Lease which may be changed from time to time by Landlord.

(b) Rent shall be paid by the following method(s):

Cash  
Money Order  
Cashier's Check



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



September 19, 2023

MICHELE HARRIS  
1703 N HAYES AVE  
SPRINGFIELD, MO 65803

ADRIAN LADDIMORE  
1461 E COMMERCIAL  
SPRINGFIELD MO 65803

### Subject: PENDING TERMINATION OF RENTAL SUBSIDY

In accordance with Federal Regulation (982.404, Paragraph 3), the Springfield Housing Authority will not make any Housing Assistance payments for a dwelling that has not met Housing Quality Standards.

The unit you currently occupy has not passed the Housing Quality Standards inspection. Please contact this office immediately to schedule a re-inspection to verify that repairs have been completed.

**\*\*NEED TO SCHEDULE A RE-INSPECTION\*\* - UNIT FAILED ON: 8/22/2023 12:00:00 AM**

It is MANDATORY that this re-inspection take place in order to continue your Housing Assistance. It is your responsibility to contact this office for the re-inspection after repairs are complete.

Please contact the Section 8 inspection clerk at 866-4329 ext 4562 within 10 days of this notice to schedule a re-inspection or to discuss incomplete repairs. If you do not contact this office as previously stated, your rental assistance will end immediately. Should your rental assistance end, you will be responsible for the full amount of the monthly rent.

Halley Roope  
Inspection/Section 8 Assistant  
417-447-4562

Lived here for 2 yrs  
Received Section 8  
it passed by a male  
inspector but when  
the head lady came  
to inspect the landlord  
didn't wanna fix so  
nicole foony approved  
me to move. But not

The Housing Authority of the City of Springfield does not discriminate  
on the basis of race, color, national origin, gender, age, disability, or family size.  
Case# 6-24-LV-03238-BP Document 61 Filed 08/13/24 Page 52 of 113

onal origin.  
cluded in  
1937.

**LANDLORD'S COPY****VACATE NOTICE FROM TENANT**Date: 10-2-2023Tenant's Name: Michele Harris Edgar Harris

To: Owner and H A S PROPERTIES (Housing Authority of Springfield)

This is my 30 Written notice to vacate the property located at:

1703 N. HAYES AVE. SP MO 65803effective vacate date will be: NOV. 1 2023Michele Harris

Head of Household Signature

Date

10/2/2023 Edgar Harris

Co-Head/Spouse Signature

10/2/2023

Date

\*\*\*\*\*TO BE COMPLETED BY PROPERTY OWNER/MANAGER\*\*\*\*\*

Will the tenant be leaving in good standing? Yes or No

Are there any outstanding debt or rent owed? Yes or No

I acknowledge receiving this notice to vacate property and hereby consent to termination of existing contracts.

\_\_\_\_\_  
Owner/Manager Signature\_\_\_\_\_  
Date**HAS PROPERTIES COPY****VACATE NOTICE FROM TENANT**Date: 10-2-2023Tenant's Name: Michele Harris Edgar Harris

To: Owner and H A S PROPERTIES (Housing Authority of Springfield)

This is my 30 Written notice to vacate the property located at:

1703 N. HAYES AVE. SP MO 65803effective vacate date will be: NOV. 1 2023Michele Harris

Head of Household Signature

10/2/2023 Edgar Harris

Date

10-2-2023

Date

\*\*\*\*\*TO BE COMPLETED BY PROPERTY OWNER/MANAGER\*\*\*\*\*

Will the tenant be leaving in good standing? Yes or No

Are there any outstanding debt or rent owed? Yes or No

I acknowledge receiving this notice to vacate property and hereby consent to termination of existing contracts.

# Housing Authority of Springfield

421 W. Madison St., Springfield, MO 65806  
417-866-4329

Payment Standard by Unit Bedrooms Effective November 1, 2021*						
Year	0	1	2	3	4	5
FY 2021	\$601	\$605	\$775	\$1,101	\$1,246	\$1,433

\*\*Effective 11/1/2021 for Initial Leases and Transfers. Effective 1/1/2022 for Annual Recertifications

UTILITY ALLOWANCES  
Section 8 Housing Choice Voucher Program  
Effective: January 1, 2022

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>HEATING:</b>						
Natural Gas	\$ 25.00	\$ 29.00	\$ 36.00	\$ 45.00	\$ 53.00	\$ 59.00
Electric	19.00	22.00	29.00	35.00	41.00	45.00
<b>AIR CONDITIONING</b>	5.00	6.00	8.00	10.00	12.00	14.00
<b>COOKING</b>						
Natural Gas	3.00	5.00	6.00	6.00	8.00	9.00
Electric	3.00	4.00	5.00	5.00	6.00	7.00
<b>OTHER ELECTRIC</b>	15.00	16.00	19.00	23.00	25.00	29.00
<b>WATER HEATING</b>						
Natural Gas	8.00	11.00	14.00	19.00	23.00	26.00
Electric	7.00	9.00	12.00	14.00	18.00	19.00
<b>OTHER SERVICES</b>						
Water	19.00	22.00	24.00	27.00	29.00	31.00
Sewer	23.00	23.00	23.00	25.00	27.00	30.00
Trash Collection	14.00	14.00	14.00	14.00	14.00	14.00
Range/Microwave	4.00	4.00	4.00	4.00	4.00	4.00
Refrigerator	4.00	4.00	4.00	5.00	5.00	5.00
<b>TOTAL</b>						

H A S PROPERTIES  
Housing Authority of the City of Springfield, Missouri

Date \_\_\_\_\_

Name	<b>MICHELE HARRIS</b>	Application #
Address		Voucher Size
Apt. #		Unit Size

Amber Authur, Section 8 Coordinator (417) 866-4329, ext 4562

Nichole Looney, Section 8 Coordinator (417) 866-4329, ext t 4563

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

How much will I pay for rent?

A. Rent to Owner	A.
B. Utility Allowance (see Utility Allowance chart for total)	+ B.
C. Gross Rent ( <u>Line A</u> + <u>Line B</u> )	= C.
D. Payment Standard (see Payment Standard chart)	D. \$681
E. Enter Lesser of Line C or Line D	E.
F. 30% of Adjusted Monthly Income (ask Sec. 8 Coordinator)	- F. 20
G. HAS portion of rent ( <u>Line E</u> minus <u>Line F</u> )	= G.
H. Rent to Owner ( <u>Line A</u> )	H.
I. HAS portion of rent ( <u>Line G</u> )	- I.
J. Line H minus Line I = YOUR SHARE OF RENT:	= J.

Negative Amount = Utility Reimbursement

Is the rent for this unit within the guidelines?

K. Your share of rent ( <u>Line J</u> - If Line J is neg. enter 0)	K.
L. Utility Allowance ( <u>Line B</u> )	+ L.
M. Total Tenant Payment ( <u>Line K</u> plus <u>Line L</u> )	= M.
N. 40% of Adjusted Monthly Income (ask Sec. 8 Coordinator)	N. 27

40% Rent Burden Restriction applies ONLY when Line C is more than Line D.

Is Line N more than Line M? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES , the rent for this unit is within the guidelines.

If NO , sorry, the rent for this unit is too high for rental assistance. You must find a cheaper unit to receive assistance.

# Housing Authority of Springfield

421 W. Madison St., Springfield, MO 65806  
417-866-4329

Payment Standard by Unit Bedrooms Effective October 1, 2022*						
Year	0	1	2	3	4	5
FY 2022	\$676	\$681	\$871	\$1,225	\$1,383	\$1,590

\*\*Effective 10/1/2022 for Initial Leases and Transfers. Effective 11/1/2022 for Annual Recertifications

## UTILITY ALLOWANCES

Section 8 Housing Choice Voucher Program  
Effective: January 1, 2022

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
<b>HEATING:</b>						
Natural Gas	\$ 25.00	\$ 29.00	\$ 36.00	\$ 45.00	\$ 53.00	\$ 59.00
Electric	19.00	22.00	29.00	35.00	41.00	45.00
<b>AIR CONDITIONING</b>	5.00	6.00	8.00	10.00	12.00	14.00
<b>COOKING</b>						
Natural Gas	3.00	5.00	6.00	6.00	8.00	9.00
Electric	3.00	4.00	5.00	5.00	6.00	7.00
<b>OTHER ELECTRIC</b>	15.00	16.00	19.00	23.00	25.00	29.00
<b>WATER HEATING</b>						
Natural Gas	8.00	11.00	14.00	19.00	23.00	26.00
Electric	7.00	9.00	12.00	14.00	18.00	19.00
<b>OTHER SERVICES</b>						
Water	19.00	22.00	24.00	27.00	29.00	31.00
Sewer	23.00	23.00	23.00	25.00	27.00	30.00
Trash Collection	14.00	14.00	14.00	14.00	14.00	14.00
Range/Microwave	4.00	4.00	4.00	4.00	4.00	4.00
Refrigerator	4.00	4.00	4.00	5.00	5.00	5.00
<b>TOTAL</b>						

H A S PROPERTIES  
Housing Authority of the City of Springfield, Missouri

Date \_\_\_\_\_

Name _____	Application # _____
Address _____	Voucher Size _____
Apt. # _____	Unit Size _____

Amber Arthur, Section 8 Coordinator (417) 866-4329 ext 4562  
Nichole Looney, Section 8 Coordinator (417) 866-4329 ext 4563

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

How much will I pay for rent?

- |  |                 |
|--|-----------------|
| A. Rent to Owner   | A. _____        |
| B. Utility Allowance (see Utility Allowance chart for total) | + B. _____      |
| C. Gross Rent (Line A + Line B)                              | = C. _____      |
| D. Payment Standard (see Payment Standard chart)             | D. <u>681</u>   |
| E. Enter Lesser of Line C or Line D.                         | E. _____        |
| F. 30% of Adjusted Monthly Income (ask Sec. 8 Coordinator)   | - F. <u>244</u> |
| G. HAS portion of rent (Line E minus Line F)                 | = G. _____      |
| H. Rent to Owner (Line A)                                    | H. _____        |
| I. HAS portion of rent (Line G)                              | - I. _____      |
| J. Line H minus Line I = YOUR SHARE OF RENT:                 | = J. _____      |

Negative Amount = Utility Reimbursement

Is the rent for this unit within the guidelines?

- |  |               |
|--|---------------|
| K. Your share of rent (Line J - If Line J is neg. enter 0) | K. _____      |
| L. Utility Allowance (Line B)                              | + L. _____    |
| M. Total Tenant Payment (Line K plus Line L)               | = M. _____    |
| N. 40% of Adjusted Monthly Income (ask Sec. 8 Coordinator) | N. <u>325</u> |

40% Rent Burden Restriction applies ONLY when Line C is more than Line D.

Is Line N more than Line M? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If YES, the rent for this unit is within the guidelines.

If NO, sorry, the rent for this unit is too high for rental assistance. You must find a cheaper unit to receive assistance.



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TDD phone (417) 832-2039  
FAX (417) 862-4263



June 08, 2023

MICHELE K HARRIS  
1703 N HAYES AVE  
SPRINGFIELD, MO 65803

### SECTION 8 HOUSING CHOICE VOUCHER ASSISTANCE PROGRAM

### CONTRACT AND LEASE AGREEMENT AMENDMENT

(For Adjustment of Payment or Continuation of Contract)

The HOUSING ASSISTANCE PAYMENT CONTRACT ("CONTRACT") entered into Between the OWNER:  
LADDIMORE, ADRIAN and the HOUSING AUTHORITY OF SPRINGFIELD, dated: July 01, 2023

On behalf of the TENANT ("FAMILY"): MICHELE K HARRIS who holds the Housing Choice Voucher: V111391 for the following described unit: 1703 N HAYES AVE SPRINGFIELD, MO 65803 Is hereby amended for the following reason(s):

- Interim adjustment due to family income, composition, or expenses  
Changes in allowance for utilities and other services to \$0.00  
Annual Re-examination

ADJUSTMENT IN PAYMENT	FROM	TO
Hap to Owner	\$490.00	\$487.00
Family Payment to Owner	\$210.00	\$213.00
Total Contract Rent	\$700.00	\$700.00

### EFFECTIVE DATE

This extension of the Housing Assistance Payments Contract and Lease Agreement will be effective: July 01, 2023 through November 30, 2023.

This notice shall be attached to and made a part of your Housing Assistance Payments Contract and/or Lease Agreement. All other covenants, terms and conditions of the original Housing Assistance Payments Contract and/or Lease Agreement remain in effect.

Nichole Looney - S8 Coordinator  
417-447-4563



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TDD phone (417) 832-2039  
FAX (417) 862-4263

June 08, 2023

MICHELE K HARRIS  
1703 N HAYES AVE  
SPRINGFIELD, MO 65803

Special Rent Change

This is my g.  
residence.  
Nicole Looney ga  
me permission to  
move without  
owners permission  
Because he didn't  
fix the inspection hole.

Your special re-examination has been completed and you are still eligible for rental subsidy through the Section 8 Housing Assistance Program.

Effective July 01, 2023, your rent will be \$213.00.

It is necessary for you and your landlord to sign and date the enclosed amendments. EACH OF YOU SHOULD KEEP A COPY. Return only ONE copy to HAS PROPERTIES immediately. Payment can only be issued when OUR signed copy is received. DO NOT UNSTAPLE THE COPIES!!!

The previous amount paid to your landlord has been sent. We will be issuing an additional payment to make up the difference in the new payment only when we receive your copy of the signed amendment.

If you have already paid your portion of rent to the landlord, you are responsible for contacting the landlord to discuss arrangements regarding over or underpayments.

If you have any questions regarding changes in your rent, please call the number below.

DO NOT MAKE CHANGES ON THE FORMS.

Nichole Looney - S8 Coordinator  
417-447-4563

Enclosures - Amendments

Nicole Looney

would not  
allow me to  
move out of  
Seawage.

Notice Nicole  
Looney didn't sign  
these 30 day notice  
paper.

# HOUSING AUTHORITY OF SPRINGFIELD (HAS PROPERTIES)

## Obligations of the Family

The family must follow the rules listed below to be eligible for participation in the housing choice voucher program.

### The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition. This includes appearing for scheduled appointments.
2. Disclose and verify social security numbers, sign and submit consent forms for obtaining information.
3. Notify the PHA *in writing* regarding changes in income within ten (10) days.
4. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
5. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time (more than two weeks) in accordance with PHA policies.
6. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
7. Notify the PHA and the owner *in writing before* moving out of the unit or terminating the lease.
8. Use the assisted unit for residence by the family. The unit must be the family's only residence.
9. Request PHA and Owner *written* approval before allowing any other person to move into the rental property. This includes the birth, adoption, or court-awarded custody of a child.
10. Notify the PHA *in writing*, within ten (10) days, if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notices within ten (10) days.
12. Pay family portion of the rent each month by the due date.
13. Pay utility bills, provide, and maintain any appliances that the owner is not required to provide under the lease.
14. Keep the home, yard, and surrounding area clean and sanitary.
15. Supply information that is true and complete.

### The family (including each family member) must not:

1. Own or have any interest in the unit.
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
7. Damage the unit or premises (beyond normal wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol or drugs in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
10. Engage in or threaten abusive or violent behavior toward PHA personnel.

My/Our Signature below is certification that I/We have read and agree to all of the obligations listed above. I/We understand that all family obligations apply to each member of the household. I/We understand that violation of any family obligation is grounds for IMMEDIATE TERMINATION OF RENTAL ASSISTANCE.

 Michael J. Hazzard  
Filed 10/25/2023 Signature Page 60 of 113 Date

OCT 25 2023

OCT 25 2023

## Housing Assistance Payments Contract

### (HAP Contract)

### Section 8 Tenant-Based Assistance Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

#### Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

##### 1. Contents of Contract This

HAP contract has three parts:

Part A: Contract Information

Part B: Body of Contract Part

C: Tenancy Addendum

##### 2. Tenant

MICHELE K HARRIS

##### 3. Contract Unit

1012 E DIVISION ST  
SPRINGFIELD, MO 65802

##### 4. Household

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

MICHELE K HARRIS

MYLA WALKER

EDGAR S HARRIS

##### 5. Initial Lease Term

The initial lease term begins on (mm/dd/yyyy): 10/26/2023

The initial lease term ends on (mm/dd/yyyy): 09/30/2024

##### 6. Initial Rent to Owner

The initial rent to owner is: \$ 900.00

During the initial lease term, the owner may not raise the rent to owner.

##### 7. Initial Housing Assistance Payment

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is \$ 44.00 per month.

The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

Nichole Looney

H A S Properties

Experience Experience

H A S Properties A S Properties

Full-time · 34 yrs. 6 mos. Full-time · 34 yrs. 6 mos.

Emergency Housing Voucher Coordinator Emergency Housing Voucher Coordinator

Dec 2021 - Present · 2 yrs. 7 mos. Dec 2021 to Present · 2 yrs. 7 mos.

Family Self Sufficiency Coordinator Family Self Sufficiency Coordinator

Dec 2021 - Present · 2 yrs. 7 mos. Dec 2021 to Present · 2 yrs. 7 mos.

Section 8 Coordinator Section 8 Coordinator

Jan 1990 - Present · 34 yrs. 6 mos.

we moved in October 26 2023 we had back up in basement, it flooded called several times after that until April we called landlord office spoke with sara she said its ok we will make a note and get someone out there, no one came two weeks ago by we called the city of Springfield, environmental health, health department, HUD housing in Washington spoke to Arline Ozores an investigator for HUD, she sent Rebecca to mediate a informal hearing between Teresa Osborne and Nicole looney, that resulted in Nicole looney admitting on recording that she did not give me my yearly raises that came in 2022,2023,2024 she said she would fix but Teresa Osborne terminated my section 8, in the meantime hs properties my landlord sara has told my current landlord i was late on my rent 3 months and don't pay on time. Also told HAS PROPERTIES HOUSING AUTHORITY they want to evict me because i moved out and broke my lease after I spoken to and got a yellow dangerous building posted to my door by BDS, HS properties mgt refuse to sign the proper paperwork that housing authority gave me to take to the landlord for permission to move. landlord refused so i took the paper back to Teresa like she told me, if Sonya don't sign bring it back to housing authority and she said she would handle it and all it got me was kicked out of section 8 Nicole looney said she admitted on my recording of the informal meeting she did not and is responsible for not giving me the yearly section 8 raises for the rent. Nicole looney knew and willingly didn't give me those raises acting under the color of law, which resulted in me paying 856.00 on a 900.00-dollar rental and section 8 was paying 44 dollars when brought up in the meeting Nicole looney and Teresa said they would fix this but instead when they knew this was fraudulent the immediately kicked me out and had the same paperwork from the meeting and back dated the same letter to terminate my section 8. is the same letter Teresa Osborn and Nicole looney had drawn up with the decision to terminate but they went through formality, so they won't get caught then when sent to HUD to Arlene Ozores she sent a mediator Rebecca she said nothing in the meeting and all these employees swept it under the rug. Because 1012 has not been supposed

to be rented as of 2021 per the city and BDS inspector Chad city of Springfield Phil barber also stated I was being held under duress (hostage) I was threatened by manager Sonya that she would call the police on me because when I went to HS Mgt after telling sect 8 she won't sign, as she already told Nicole looney, and she had not told Teresa Osborn she had spoken to Sonya. Sonya didn't sign my thirty day i said to her you know you wrong for making me live in sewage Sonya screamed at me and said if I talked to her like that again she would call the police on me if I came back to that office, i just got out of surgery still under anesthesia and I was on crutches. When the housing authority had a meeting with me and my husband it was mentioned in a lie. I waved my cane at her, and she was scared behind plex glass, and I could not walk without any help. Sonya has admitted to coming in my house with the owner to change a filter in our bedroom and they claim they couldn't find it yet instead Sonya took it upon herself to rummage through our belongings found an old food flyer from our old business and took it personally to Nicole looney and said we didn't report this income, I explained to everyone in the meeting at housing authority that number don't exist and that explains why Sonya said when she came in my house she couldn't find my filter, you can't miss it when you open the bedroom doors all these events are recorded so no lies can be told only truth be unfolded

HOUSING AUTHORITY 421 WEST MADISON ST SP MO 65807 417-866-4329 ext. 4561 Teresa Osborn, COS, TCS, RAD/PBV, HQS Director of Housing Programs and Nicole looney H A S Properties 417-866-4329 emergency housing voucher coordinator of section 8

Can I move and continue to receive housing choice voucher assistance?

A family's housing needs change over time with changes in family size, job locations, and for other reasons. The housing choice voucher program is designed to allow families to move without the loss of housing assistance. Moves are permissible as long as the family notifies the PHA ahead of time, terminates its existing lease within the lease provisions, and finds acceptable alternate housing.

Under the voucher program, new voucher-holders may choose a unit anywhere in the United States if the family lived in the jurisdiction of the PHA issuing the voucher when the family applied for assistance. Those new voucher-holders not living in the jurisdiction of the PHA at the time the family applied for housing assistance must initially lease a unit within that jurisdiction for the first twelve months of assistance. A family that wishes to move to another PHA's jurisdiction must consult with the PHA that currently administers its housing assistance to verify the procedures for moving.

Can I move and continue to receive housing choice voucher assistance?

A family's housing needs change over time with changes in family size, job locations, and for other reasons. The housing choice voucher program is designed to allow families to move without the loss of housing assistance. Moves are permissible as long as the family notifies the PHA ahead of time, terminates its existing lease within the lease provisions, and finds acceptable alternate housing.

Under the voucher program, new voucher-holders may choose a unit anywhere in the United States if the family lived in the jurisdiction of the PHA issuing the voucher when the family applied for assistance. Those new voucher-holders not living in the jurisdiction of the PHA at the time the family applied for housing assistance must initially lease a unit within that jurisdiction for the first twelve months of assistance. A family that wishes to move to another PHA's jurisdiction must consult with the PHA that currently administers its housing assistance to verify the procedures for moving.

## H A S Properties Request for Staff Reply

Unfortunately staff members are not always available to see you when you come to the office.

I need to talk to:

I need to discuss: Problems at my home  
& with the landlord

Nicole Coney  
said I never  
came to the  
office to report  
my complaints.  
front desk clerk  
wrote this.

Name: Michele Harris

Phone Number: (417) 901-2154

The best time to call me between 8 a.m. & 5 p.m. is:

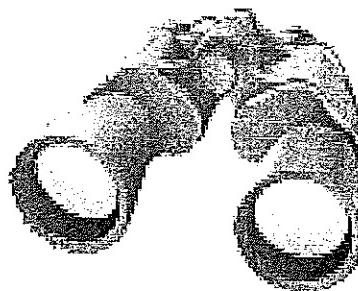


421 W. Madison  
Springfield, MO  
(417)-866-4329

## FAMILY HANDBOOK

A Guide for Families Participating In the  
Section 8 Housing Choice Voucher Program

## **Program Review and Tenant Integrity**



s in

acy

The Housing Authority of Springfield takes program abuse or misconduct very seriously. The Housing Authority must assure that public funds are being paid on behalf of qualified and eligible participants. Housing Authority staff will investigate all suspected program abuse or misconduct.

In addition to conducting investigations into suspected program abuse, a conference may be conducted with participants suspected of violating program requirements. The conference will reinforce the housing assistance participants' obligation to comply with program regulations. The Housing Authority staff conducts quality control inspections and audits of housing assistance files. Confirmation and verification of participant information and housing quality standards is obtained by visual inspection of units and file examination.

It is important that you understand that all information provided to the Housing Agency must be true and complete and is subject to additional review by staff. Should your file be chosen for review, you must agree to cooperate with any required verifications, inspections, and/or conferences. Do not risk losing your Section 8 rental assistance by providing false, incomplete, and/or inaccurate information on your application and recertification forms.

The Housing Agency may deny program assistance for an applicant, or terminate program assistance for a participant, for any of the reasons listed below:

- ❖ If the family violates any family obligation;
- ❖ If any member of the family has ever been evicted from public housing;
- ❖ If any member of the family participates in illegal drug or criminal activity, including sexual offenses;
- ❖ If any member of the family commits fraud, bribery, or any other corrupt or criminal connection with any federal housing program;
- ❖ If the family currently owes any money to the Housing Agency or another Housing Agency in connection with Section 8 or Public Housing Programs;
- ❖ If the family breaches an agreement with the Housing Agency to pay amounts owed to the Housing Agency, or amounts paid to an owner by a Housing Agency;
- ❖ If the family engaged in, threatened or displayed abusive or violent behavior toward Housing Agency personnel. Abusive includes cussing or intimidating behavior;
- ❖ If there are serious or repeated violations of the lease;
- ❖ If the family fails to pay or withholds its portion of the rent for any reason;
- ❖ If the family causes damages to the unit and they do not reimburse the Landlord for the costs;
- ❖ If the family fails to accept or pick up letters regarding termination or other program requirements.

As a section 8 participant, you must keep the HUD subsidized unit in a good, clean living condition.

**HAS PROPERTIES COPY**

**VACATE NOTICE FROM TENANT**

Date: 5/7/24 Tenant's Name: Michele Lareis

To: Owner and HAS PROPERTIES (Housing Authority of Springfield)

This is my 30 written notice to vacate the property located at:

1012 E. Division St. SP. MO 65803  
effective vacate date will be: May 31, 2024

Michele Lareis 5/7/24 CH  
Head of Household Signature Date  
Co-Head/Spouse Signature Date

Carroll Woods shown & witnessed signed dated  
TO BE COMPLETED BY PROPERTY OWNER/MANAGER  
Buildings  
and to vacate

Will the tenant be leaving in good standing?  
Are there any outstanding debt or rent owed?

Yes or No  
Yes or No

I acknowledge receiving this notice to vacate property and hereby consent to the termination of existing contracts.

May 7, 2024  
Date

Owner/Manager Signature

RETURN THIS PAGE TO HAS PROPERTIES

## VOLUNTARY PORTABILITY REQUEST

PRINT FULL NAME Michele Harris LAST 4 SS # 6984  
PHONE # 417 901-2154 ADDRESS 1012 E division

I, Michele Harris, request that the Housing Authority of Springfield, Missouri, transfer my Section 8 Voucher to the location listed below.

Housing Authority Name HAS Property  
Housing Authority Address 421 W Madison  
City, State and Zip Code Springfield MO 65806  
Contact Person Nicole Looney  
Phone Number 417-866-4329 Ext. 4563 Fax Number 417 862-4263  
Email Address nikki@hasproperties.org

As the initial Housing Authority, the Housing Authority of the City of Springfield, Missouri, will limit my ability to transfer to the jurisdiction of other Housing Agencies to once in any twelve-month period.

I understand that by signing this statement, I must 1). Contact the receiving Housing Authority to schedule a portability appointment and attend a briefing/orientation 2). I must follow the receiving Housing Authorities policies and procedures 3). A different voucher size may be issued to me based on family composition and the receiving Housing Authority's occupancy guidelines.

Voucher Participant Signature Michele Harris  
Date 5/8/2024 Lease End Date \_\_\_\_\_



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



MICHELE HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65802

**HS PROPERTY MANAGEMENT  
2545 E DIVISION ST  
SPRINGFIELD MO 65803**

Dear MICHELE HARRIS

05/07/2024

The following are items that recently failed inspection at the listed unit. If any of the listed items are a result of damages by the tenant family or visitors then it is the responsibility of the tenant to make sure the repairs are completed. You will need to discuss with the landlord about how he/she would like the repairs to be handled. **When the deficiencies have been corrected, please call the office for a re-inspection date.**

Deficiencies must be corrected within 30 days from the date of this letter.

Under part B of the HAP Contract it states that we are not to make any housing assistance payment if the contract unit does not pass inspection unless the owner corrects the defect within the time period specified. If the unit does not pass within the specified period of time as listed above the payments will be stopped the first day of the following month.

Please be advised that the landlord is not allowed under the Tenancy Addendum to collect our portion of the rent from the tenant and that our failure to pay the housing assistance payment is not a lease violation.

Inspected On: 5/6/2024 12:00:00 AM

Inspected By: DAVE JOHNSON

Status: Inspection Failed

Thank you for your time and attention to this matter. If I can be of any assistance, please call me.

## **Items to be Repaired**

Fail

**Area: Bathroom** UPSTAIRS BATHROOM

**Item:** Window Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** WINDOW WONT STAY UP AND HAS NO LOCK ON IT

1

**Area:** Bathroom

**Item:** Floor Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** VENT IN FLOOR NEEDS REPLACED

6

**Area:** Other Rooms Used for Living and Halls      **FRONT BEDROOM**

**Item:** Window Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** BROKEN PANE ON WINDOW NEEDS REPLACED/REPAIRED



# HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



**Area:** Other Rooms Used for Living and Halls      FRONT BEDROOM

**Item:** Wall Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** FILTER NEEDS CHANGED

**Area:** Heating and Plumbing      BASEMENT

**Item:** Sewer Connection

**Deficiency:** Miscellaneous Deficiency

**Comments** DRAIN IN FLOOR HAS STANDING WATER IN IT



# HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

417/836-4329  
TTD (phone) (417) 832-2039  
FAX (417) 862-4263



05/08/2024

MICHELE K HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65302

Due Date: May 18, 2024

## VERIFICATION / INFORMATION REQUESTED

The verification or information below needs to be submitted by May 18, 2024 to avoid your assistance being affected.

*this is the same day repairs had to be completed  
by the city BDS inspector. This was never  
needed last 3-4 check stubs for UBER EATS*

If you have any questions please call me at 866-4329 ext 4563.

Nichole Looney - S8 Coordinator  
417-447-4563

If I'm  
terminated and  
moved out  
why are you  
asking for my  
work information

*BROD ON  
next  
page.  
When you  
already had  
it.  
But Nichole  
used my daughter's  
income to determine  
my set. & she was in  
school and reported to school.*

**Income Report**

**Income Report for Household of MICHELE K HARRIS**

<b>PHA Code:</b>	MO058	<b>Program Type:</b>	Sec.8 Vouchers
<b>PHA Name:</b>	MO058 SPRINGFIELD	<b>Project:</b>	
<b>Annual Reexamination Date:</b>	12/01/2023	<b>Form 50058 as of:</b>	07/14/2023
<b>Address:</b>	1703 N HAYES AVE SPRINGFIELD MO 65803		
<b>Most Recent Type of Action:</b>	3-Interim Reexamination	<b>Effective Date:</b>	07/01/2023

**Head of Household: MICHELE K HARRIS**

Social Security Number: \*\*\*-\*\*-6984

Date of Birth:

XX/XX/1972

**Confidential Privacy Act Data. Civil and Criminal penalties apply to misuse of this data.**

Report Generated By - MZ4XXX NICOLE LOONEY

Household Member:	MICHELE K HARRIS	SSN:	***-**-6984
Date of Birth:	XX/XX/1972	Relationship:	Head
Date Verified:	08/06/2023	Verification Status/Codes:	Verified

**Employment Information**

Hire Date	Hire State	FEIN	Employer Name and Address	Date Received by EIV
08/24/2021		43-1369185	NAEGLER BROTHERS INC 3023 S SCENIC AVE, SPRINGFIELD MO 65807-3925	02/11/2023
05/17/2021		42-1435913	CASEY'S MARKETING COMPANY 1 SE CONVENIENCE BLVD, ANKENY IA 50021-9672	02/11/2023
05/07/2012	AZ	34-1603045	NESCO SERVICE COMPANY 14310 CARLSON CIR, TAMPA FL 33626-3003	05/16/2012
10/06/2011	AZ	86-0784358	LANDMARK FOODS INC 930 E OSBORN RD, PO BOX 2166, PHOENIX AZ 85001-2166	11/16/2011
03/31/2011	AZ	36-3334454	DIVERA LTD 23290 6005 S CENTRAL AVE STE 207 STE 199, PHOENIX AZ 85042-4234	04/27/2011
11/24/2008	AZ	75-3215737	PROVINCIA STAFFING LLC 17505 N 79TH AVE STE 101, GLENDALE AZ 85308-8724	09/22/2010

**Wages**

Pay Period	Amount	FEIN	Employer Name and Address	Date Received by EIV
Q1 of 2022	\$880.00	43-1914965	HUMAN RESOURCE STAFFING, 1456 TRIAD CENTER DR, SAINT PETERS MO 63376-7351	02/13/2023
Q4 of 2021	\$2,653.00	43-1914965	HUMAN RESOURCE STAFFING, 1456 TRIAD CENTER DR, SAINT PETERS MO 63376-7351	02/13/2023
Q4 of 2021	\$1,339.00	43-1369185	NAEGLER BROTHERS INC 3023 S SCENIC AVE, SPRINGFIELD MO 65807-3925	02/13/2023
Q3 of 2021	\$1,070.00	43-1369185	NAEGLER BROTHERS INC 3023 S SCENIC AVE, SPRINGFIELD MO 65807-3925	02/13/2023
Q3 of 2021	\$1,159.00	42-1435913	CASEY'S MARKETING COMPANY ONE CONVENIENCE BLVD, PO BOX 3001, ANKENY IA 50021-8045	02/13/2023
Q2 of 2021	\$1.00	33-0777131	ADVANTAGE SALE & MARKETING LLC 18100 VON KARMAN AVE STE 900, IRVINE CA 92612-7195	02/13/2023
Q2 of 2021	\$1,589.00	42-1435913	CASEY'S MARKETING COMPANY ONE CONVENIENCE BLVD, PO BOX 3001, ANKENY IA 50021-8045	02/13/2023
Q1 of 2012	\$1,501.00	36-3334454	MCDONALDS RESTAURANT DEL RIO, LTD. DBA, MCDONALD'S RESTAURANT, % JULIAN NABOZNY, PHOENIX AZ 85040	08/18/2012
Q4 of 2011	\$288.00	86-6004791	ARIZONA COLISEUM EXPOSITION CENTER 1826 W McDowell RD, PHOENIX AZ 85007-1612	05/16/2012
Q4 of 2011	\$1,130.00	36-3334454	MCDONALDS RESTAURANT DEL RIO, LTD. DBA, MCDONALD'S RESTAURANT, % JULIAN NABOZNY, PHOENIX AZ 85040	05/16/2012
Q4 of 2011	\$297.00	86-0784358	LANDMARK FOODS INC 930 E OSBORN RD, PHOENIX AZ 85014-5220	05/16/2012
Q3 of 2011	\$1,750.00	36-3334454	MCDONALDS RESTAURANT DEL RIO, LTD. DBA, MCDONALD'S RESTAURANT, % JULIAN NABOZNY, PHOENIX AZ 85040	02/17/2012
Q2 of 2011	\$1,876.00	36-3334454	MCDONALDS RESTAURANT DEL RIO, LTD. DBA, MCDONALD'S RESTAURANT, % JULIAN NABOZNY, PHOENIX AZ 85040	11/17/2011



Michele Harris &lt;harrismichele27@gmail.com&gt;

**Re: <External Message> Re: Email communication**

6 messages

**Ozores, Arlene** <Arlene.Ozores@hud.gov>  
To: Michele Harris <harrismichele27@gmail.com>  
Cc: Teresa Osborn <tosborn@hasproperties.org>

Fri, May 24, 2024 at 7:32 AM

Good morning Ms. Harris. I've received the pictures of the home conditions claimed and of documents last night. At this time it looks like all of the information provided justifies the PHA's and landlord findings. It is my understanding that the lease agreement was signed in November 2023 for a term of 12 months. The yellow notice on the door is not sufficient evidence to contradict the letters issued. An inspection is scheduled to verify the corrections to the findings on May 28th.

**From:** Michele Harris <harrismichele27@gmail.com>  
**Sent:** Thursday, May 23, 2024 3:44 PM  
**To:** Ozores, Arlene <Arlene.Ozores@hud.gov>  
**Subject:** <External Message> Re: Email communication

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you have concerns about the content of the email, please send it to phishing@hud.gov or click the Report Phishing Button on the Outlook ribbon or Phishing option within QWA.

Dave Johnson  
from Heelsing  
authority called  
me on may 28th said  
he was at 1012 Edensal  
I told him I don't live  
there anymore he said  
he didn't need to  
inspect the house he left.



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



May 24, 2024

MICHELE AND EDGAR HARRIS  
1012 E DIVISION  
SPRINGFIELD, MO 65802

Subject: END OF PARTICIPATION

The Housing Authority of the City of Springfield has terminated the Housing Assistance Payments Contract with your landlord effective MAY 31, 2024. The reason for this decision is based on the following:

**1. You vacated the property at 1012 E. Division on May 15, 2024.**

Beginning June 1, 2024 you will be responsible for the full portion of the rent. The Housing Authority of Springfield will no longer provide rental assistance payments on your behalf.

Based on the grounds of this termination, you will be leaving the Section 8 Housing Choice Voucher program in bad standing and will not be eligible for future assistance. This decision is based on the following:

1. You failed to give proper 30-day notice of your intention to move.
2. You failed to live in the Housing Choice Voucher assisted unit for the full 12-month term of the lease agreement.
3. You moved from the assisted unit leaving behind personal property, trash, and debris.

**INFORMAL HEARING PROCEDURE:**

You can request an informal hearing to reconsider any part of this decision by writing a letter to HAS Properties Hearing Officer, clearly explaining why you believe that an error has been made. Your letter **MUST BE** received by mailing or hand delivering to: HAS Properties, Attention: Hearing Officer, 421 W. Madison, Springfield, MO 65806 **no later than 4:00 pm, June 7, 2024**. If your request is not received by the deadline as stated, you will waive your right to a hearing and the decision to terminate your assistance will become final.

Sincerely,

*Teresa Osborn*

Teresa Osborn  
Director of Housing Programs

*Termination says  
I did not give  
the proper  
30-day notice  
of my intention  
to move. But I did*

7/23/24, 12:57 PM

Gmail - Hearing Request

---

**From:** Michele Harris <harrismichele27@gmail.com>  
**Sent:** Monday, June 24, 2024 3:59 PM  
**To:** nikkil <nikkil@hasproperties.org>  
**Subject:** Fwd: Hearing Request

[Quoted text hidden]

---

**Michele Harris** <harrismichele27@gmail.com>  
To: nikkil <nikkil@hasproperties.org>

Mon, Jun 24, 2024 at 8:05 PM

Ok, thank you.

[Quoted text hidden]

## **§ 982.551 Obligations of participant.**

(e) ***Violation of lease.*** The family may not commit any serious or repeated violation of the lease.

## **§ 982.552 PHA denial or termination of assistance for family.**

### **a) Action or inaction by family.**

(1) A PHA may deny assistance for an applicant or terminate assistance for a participant under the programs because of the family's action or failure to act as described in this section.

(2) Denial of assistance for an applicant may include any or all of the following: denying listing on the PHA waiting list, denying or withdrawing a voucher, refusing to enter into a HAP contract or approve a lease, and refusing to process or provide assistance under portability procedures.

(c) ***Authority to deny admission or terminate assistance***—(1) *Grounds for denial or termination of assistance.* The PHA may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following grounds:

(i) If the family violates any family obligations under the program (see § 982.551).

### **HAS PROPERTIES – ADMINISTRATIVE PLAN**

#### **3-III.E. CRITERIA FOR DECIDING TO DENY ASSISTANCE**

##### **Evidence [24 CFR 982.553(c)]**

###### **HAS Policy**

The PHA will use the concept of the preponderance of the evidence as the standard for making all admission decisions.

*Preponderance of the evidence* is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

Preponderance of the evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

### **Restrictions on Elective Moves [24 CFR 982.354(c)]**

HUD regulations permit the PHA to prohibit any elective move by a participant family during the family's initial lease term. They also permit the PHA to prohibit more than one elective move by a participant family during any 12-month period.

#### HAS Policy

The PHA will deny a family permission to make an elective move during the family's initial lease term. This policy applies to moves within the PHA's jurisdiction or outside it under portability.

The PHA will also deny a family permission to make more than one elective move during any 12-month period. This policy applies to all assisted families residing in the PHA's jurisdiction.

7/23/24, 12:59 PM

Gmail - Hearing Request

**Subject:** Hearing Request  
**To:** Michele Harris <harrismichele27@gmail.com>

hello ms looney i have not heard from your office on any updates. but i thought you would like to know that when you were being recorded and said my section 8 was not terminated and you said you didnt give me my alotments you said that my sectiion 8 was not terminated and it was all on you and you would fix it? Now can you really fix what teressa has done or were you in on it and she didnt tell you. i think you should read the letter teressa sent me and im sending this to the city and attorney general and hud investigator as we speak . have a great hope to hear from you soon. 417-901-2154

This is to confirm I have received your request for an Informal Hearing. I have forwarded your request to the hearing officer. I am attaching a copy of the notice that was mailed to you since you stated you have not received it. You will be contacted by phone to schedule the Informal Hearing. I will provide the Hearing officer with the phone number of 417-901-2154 to contact you. Please let me know if you prefer a different means of notification.

*Teresa Osborn*

Teresa Osborn, COS, TCS, RAD/PBV, HQS

Director of Housing Programs

Housing Authority of Springfield, Missouri

MO058

417-866-4329 ext. 4561

[tosborn@hasproperties.org](mailto:tosborn@hasproperties.org)

**From:** Michele Harris <harrismichele27@gmail.com>  
**Sent:** Thursday, June 6, 2024 11:53 AM  
**To:** Teresa Osborn <[tosborn@hasproperties.org](mailto:tosborn@hasproperties.org)>  
**Cc:** Ozores, Arlene <[Arlene.Ozores@hud.gov](mailto:Arlene.Ozores@hud.gov)>  
**Subject:**

I have just got off the phone with arlene and she said to ask for a informal Meeting and that the paperwork was sent out and because of thw address change I may not receive the letter in time so im asking if I may have one

7/23/24, 12:57 PM

Gmail - Hearing Request

----- Forwarded message -----

From: **Teresa Osborn** <tosborn@hasproperties.org>  
Date: Thu, Jun 6, 2024 at 3:04 PM  
Subject: Hearing Request  
To: Michele Harris <harrismichele27@gmail.com>

hello ms looney i have not heard from your office on any updates. but i thought you would like to know that when you were being recorded and said my section 8 was not terminated and you said you didnt give me my alotments you said that my section 8 was not terminated and it was all on you and you would fix it? Now can you really fix what teressa has done or were you in on it and she didnt tell you. i think you should read the letter teressa sent me and im sending this to the city and attorney general and hud investigator as we speak . have a great hope to hear from you soon. 417-901-2154

[Quoted text hidden]

 **Harris Termination.pdf**  
170K

---

nikkil <nikkil@hasproperties.org>  
To: Michele Harris <harrismichele27@gmail.com>

Mon, Jun 24, 2024 at 5:33 PM

Teresa is still working on your case. I take it she will need to get with the hearing officer for her to get the final ruling. At the time we had spoken your assistance had not been formally terminated until the final say from the hearing officer. If anything is to be retracted or reversed regarding your assistance being terminated, you will be notified. I don't know that a decision has been made yet. I'm sure they are still working on it.

I'm not sure what you are referring to as me "being in on it" but to be clear, it is out of my hands on any determination of your assistance at this time. If you were to be re-stated, then I will be glad to continue assisting you with your housing voucher & eligibility.

**NICHOLE LOONEY**

Section 8 Coordinator (A-L)

Vash Hsg Coordinator (A-L)

Emergency Hsg Vchr Coordinator

Family Self Sufficiency Coordinator

HAS Properties

421 W Madison

Springfield MO 65806

May 24th  
I was terminated  
By letter in the  
mail as you see in  
this email she lied  
and said Teresa  
Osborn was still  
working on my case.



# HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417) 866-4329  
TTY (800) 735-2966 Relay Missouri.  
FAX (417) 862-4263



June 7, 2024

MICHELE HARRIS  
Email: harrismichele27@gmail.com

## NOTIFICATION OF INFORMAL HEARING

**BRING PICTURE ID WITH YOU      ALL ADULTS IN HOUSEHOLD MUST ATTEND**

Date and Time of Hearing: Tuesday, June 11, 2024 at 9:00 a.m.  
**If you cannot attend this appointment, please call 417-447-4586 as soon as possible.**

Location of Hearing: HAS PROPERTIES  
Madison Tower  
421 W MADISON  
SPRINGFIELD, MO 65806

Hearing Officer: Rebecca Pashia  
Date eviction / ineligible letter sent: 5/24/2024  
Date written request received: 6/6/2024

Note: Scheduled via person / phone / letter.

- Applicants or residents have had an opportunity to view the documents or evidence in the possession of HAS Properties upon which the proposed action was based before requesting an informal hearing or review.
- Applicants or residents have the right to bring evidence, witnesses, legal or other representation at their own expense to the hearing. HAS requires notice of representation by an attorney so the attorney for HAS may be present, if desired. If no notice is given prior to the hearing, the hearing proceedings may be postponed dependent upon the attorney's schedules.
- The Hearing Officer may ask applicants or residents for additional information and/or might adjourn the hearing in order to reconvene at a later date before reaching a decision.
- The PHA requests a copy of any documents or evidence the applicants or residents will use at the hearing.

*HAS Properties (the Housing Authority of the City of Springfield, Missouri) tries to schedule appointments for informal hearings as quickly as possible. After a hearing date is agreed to, the family may request to reschedule only upon showing "good cause," which is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.*

HAS 213/03-21

The Housing Authority of the City of Springfield does not discriminate against anyone because of race, creed, color, sex, age, religion, national origin, familial status, or disability in the application process, leasing, rental, or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937.



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



June 08, 2023

MICHELE K HARRIS  
1703 N HAYES AVE  
SPRINGFIELD, MO 65803

## NOTIFICATION OF CHANGE

The attached form provides the following information: Change in rent amount; Reason for rent change; Effective date of change.

Please check the information and notify the Housing Authority of any change, discrepancy or disagreement. After an explanation, if you disagree, you may request an informal hearing by providing a request in writing within ten days of the date of this letter.

**Owner and all tenant members over the age of eighteen (18) must sign all three copies and return one copy of amendment and this signed notification form to our office.**

Owner's signature certifies legal ownership of property or the property manager may sign if legally authorized to do so.

The following person(s) are listed on the HAP contract and as approved by the Housing Authority are the only individuals permitted to reside in the unit.

MICHELE K HARRIS

50

Female

EDGAR S HARRIS

49

Male

MYLA WALKER

22

Female

Michele K Harris  
MICHELE K HARRIS

6/26/23  
(Date)

Edgar H  
Spouse or Other Adult

6/26/23  
(Date)

Adrian Laddimore  
LADDIMORE, ADRIAN

6-27-23  
(Date)

Note: Please sign and return promptly. NO Payment will be made prior to receipt of signed forms.

6/10/24, 11:54 AM

Gmail - <24-203>DOL 4/29/24, Sewage Backup 1012 E Division st



Michele Harris <harrismichele27@gmail.com>

## <24-203>DOL 4/29/24, Sewage Backup 1012 E Division st

1 message

Keithley, Amy <amy.keithley@springfieldmo.gov>  
To: Michele Harris <harrismichele27@gmail.com>  
Cc: "live-inbox-lockton@origamirisk.com" <live-inbox-lockton@origamirisk.com>

Mon, Jun 10, 2024 at 9:39 AM

Michele,

We are still reviewing your property damage claim.

If you have any questions, you may contact me at the number below.

Thank you,

### Amy Keithley

Claims-Risk Management

Busch Municipal Bldg

840 Boonville Ave

Springfield, MO, 65802

Phone: 417-864-1522

Fax: 417-719-7919

[Amy.Keithley@springfieldmo.gov](mailto:Amy.Keithley@springfieldmo.gov)



"If claim related, please include your claim number or date of loss for quicker response."

7/23/24, 12:59 PM

Gmail - Hearing Request



Michele Harris <harrismichele27@gmail.com>

## Hearing Request

**Michele Harris** <harrismichele27@gmail.com>  
To: nikkil <nikkil@hasproperties.org>

Mon, Jun 24, 2024 at 8:05 PM

Ok, thank you.

On Mon, Jun 24, 2024 at 5:33 PM nikkil <nikkil@hasproperties.org> wrote:

Teresa is still working on your case. I take it she will need to get with the hearing officer for her to get the final ruling. At the time we had spoken your assistance had not been formally terminated until the final say from the hearing officer. If anything is to be retracted or reversed regarding your assistance being terminated, you will be notified. I don't know that a decision has been made yet. I'm sure they are still working on it.

I'm not sure what you are referring to as me "being in on it" but to be clear, it is out of my hands on any determination of your assistance at this time. If you were to be re-stated, then I will be glad to continue assisting you with your housing voucher & eligibility.

### NICHOLE LOONEY

Section 8 Coordinator (A-L)

Vash Hsg Coordinator (A-L)

Emergency Hsg Vchr Coordinator

Family Self Sufficiency Coordinator

HAS Properties

421 W Madison

Springfield MO 65806

Ph: 417-447-4563

Fax: 417-862-4263

Email: nikkil@hasproperties.org

---

**From:** Michele Harris <harrismichele27@gmail.com>

**Sent:** Monday, June 24, 2024 3:59 PM

**To:** nikkil <nikkil@hasproperties.org>

**Subject:** Fwd: Hearing Request



# HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417) 866-4329  
TTY Phone (417) 832-2039  
FAX (417) 862-4263



## Authorization to Release EIV Information

Your file at HAS Properties contains private and confidential data from HUD's Enterprise Income Verification system (EIV). Each person's individual information is protected and can only be shared with authorized persons in the conduct of official business.

This means we cannot even share your EIV income report with other members of your own household. This form gives you the opportunity to share your EIV information with the other members of your own household. You are not required to authorize the release of your information to other members of your household. If you choose not to share your information with other members of your own household, you must be present in our office when re-examination paperwork is signed or discussed.

This authorization expires 15 months from the date signed and may be revoked with written notice to HAS Properties.

---

I have read the above information regarding sharing my EIV information with members of my family.

Check one:  I do authorize release of my EIV info

I do NOT authorize release of my EIV info

Michelle Harris  
Print Name

Michelle Harris  
Signature

7/26/23  
Date

---

I have read the above information regarding sharing my EIV information with members of my family.

Check one:  I do authorize release of my EIV info

I do NOT authorize release of my EIV info

Edgar Hayes  
Print Name

Edgar Hayes  
Signature

7/26/23  
Date

---

I have read the above information regarding sharing my EIV information with members of my family.

Check one:  I do authorize release of my EIV info

I do NOT authorize release of my EIV info

Myleen Walker  
Print Name

Myleen Walker  
Signature

7/26/23  
Date

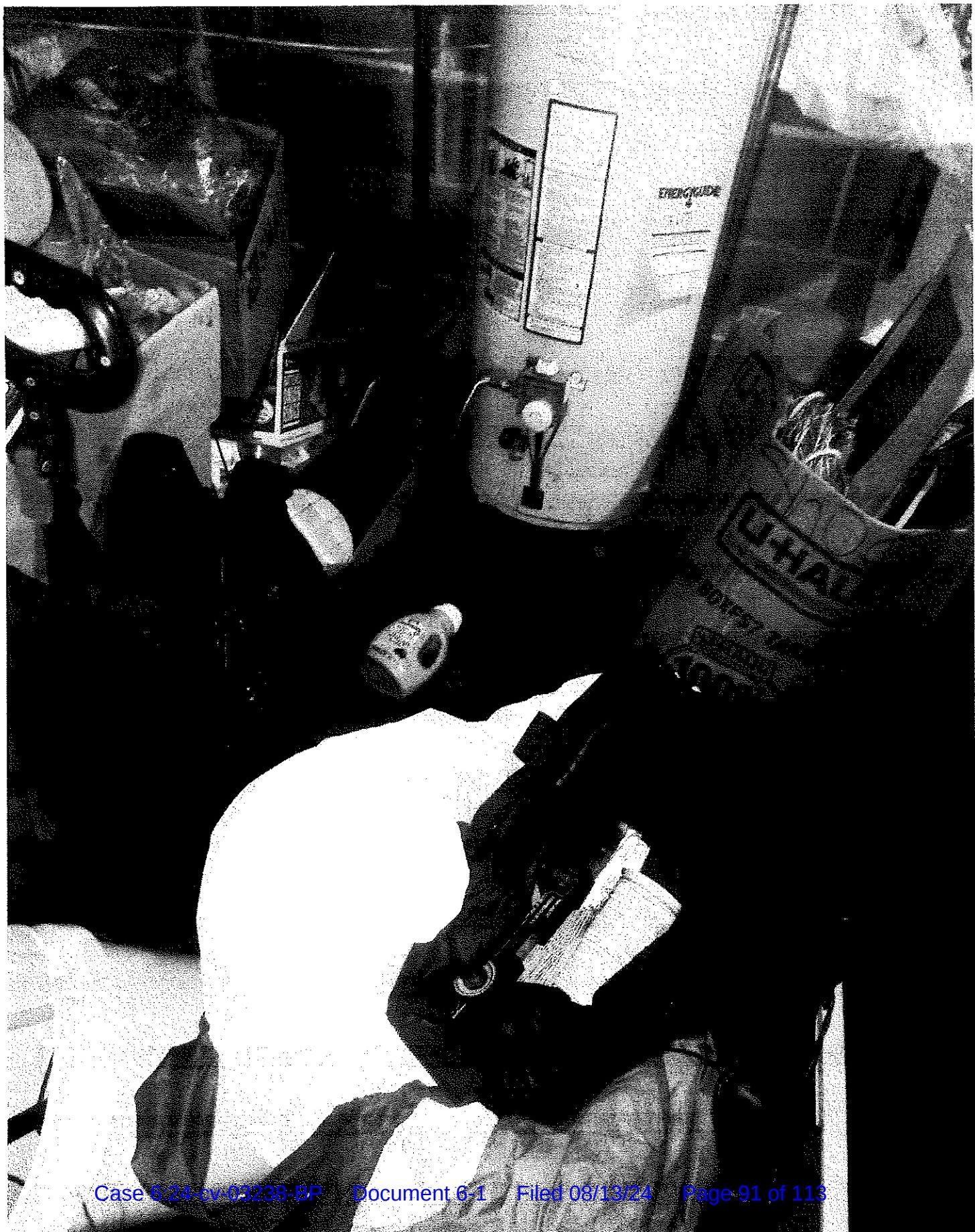






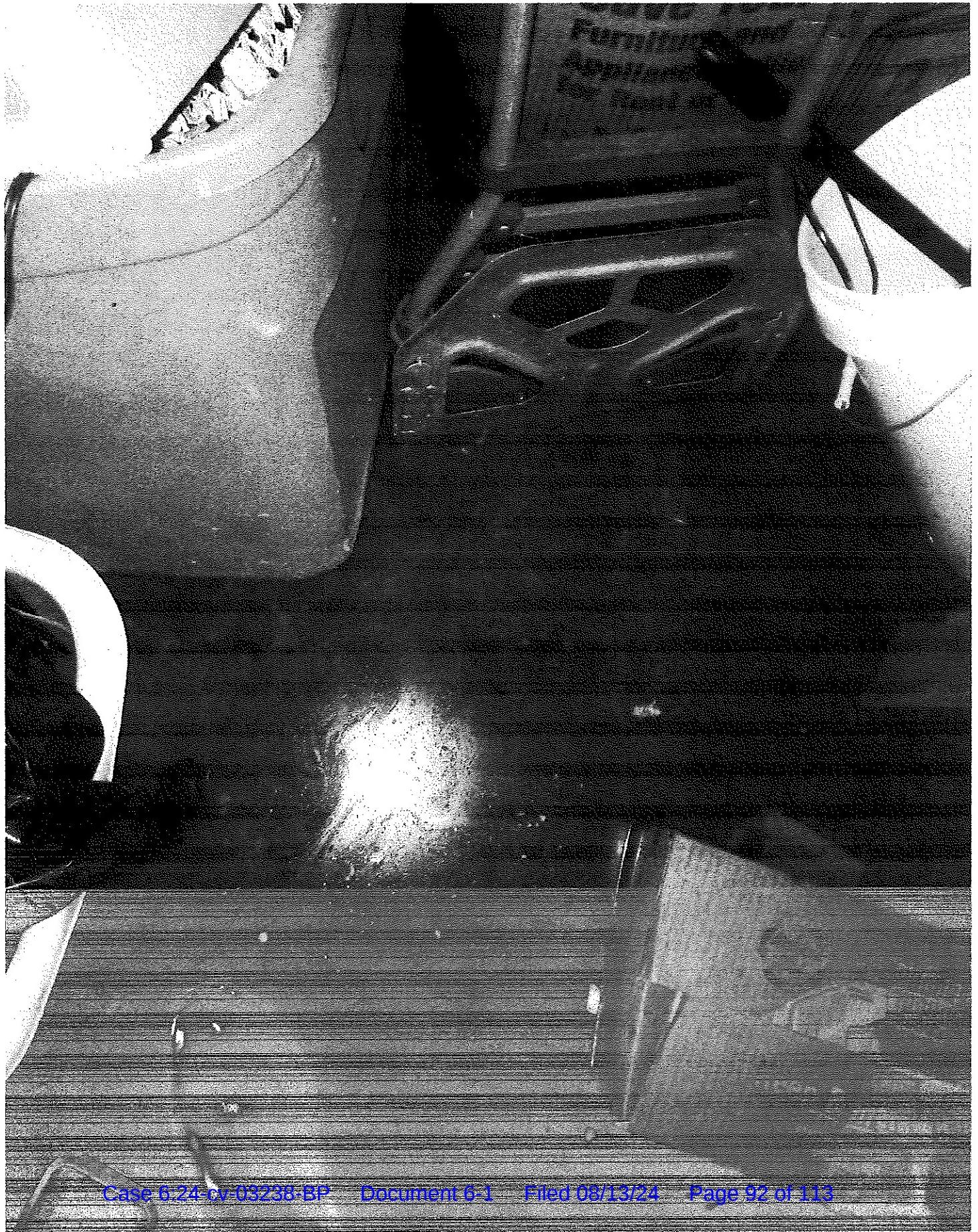
6/10/24, 12:02 PM

IMG\_20240429\_135557962.jpg



6/10/24, 12:02 PM

IMG\_20240429\_135612338.jpg





## ATTORNEY GENERAL OF MISSOURI

JEFFERSON CITY  
65102

ANDREW BAILEY  
ATTORNEY GENERAL

P.O.Box 899  
(573) 751-3321

July 26, 2024

Mrs. Michele K Harris  
316 N Ken Ave  
Springfield, MO 65802

RE: Complaint No. CC-2024-07-001474      HS Properties Mgt.

Dear Mrs. Harris:

Thank you for contacting the Missouri Attorney General's Office. As you know, our office has been mediating your complaint with the above-mentioned company. A copy of the most recent response is enclosed for your review. The company denies any wrong-doing and therefore, will not be providing the relief you are seeking.

We regret that we were unable to assist you further in this matter. Please keep in mind this does not mean your complaint is without merit. You may want to consult with a private attorney or file a claim through small claims court.

Again, we thank you for contacting our office.

Sincerely,

*Jake Humphrey*

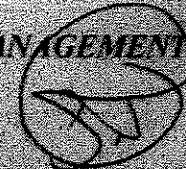
Jake Humphrey  
Office of the Attorney General  
Consumer Advocate  
Consumer Protection Division  
P.O. Box 899 | Jefferson City, MO 65102  
Email: jake.humphrey@ago.mo.gov  
Phone: (573) 751-1246 | Fax: () -

**PROPERTIES**

The Housing Authority

111 E. 10th Street • Springfield, Missouri  
Fax: (417) 622-4477

EQUAL OPPORTUNITY

*Notice of Rental Assistance to be paid on Behalf of: MICHELE K. HARRIS, EDGAR S. HARRIS & MYLA WALKER**Address of unit: 1012 E. DIVISION ST  
SPRINGFIELD MO 65802**Effective date: OCTOBER 26, 2023**Total Contract Rent to Owner: \$900.00**Total Rent Paid to Owner by Tenant: \$856.00**Rental Assistance Paid to Owner by Housing Authority: \$44.00**Property Owner: HS PROPERTY MANAGEMENT**Tenant Signature**Edgar Harris**Spouse or Other Adult**Owner Signature**10/26/2023**Date**10/26/2023**Date*

The Housing Authority of the City of Springfield does not discriminate against anyone because of race, color, gender, age, religion, national origin, familial status, or disability in the application process, leasing, rental, or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937.

Print Name: HOUSING AUTHORITY OF THE CITY OF SPRINGFIELD, MISSOURI

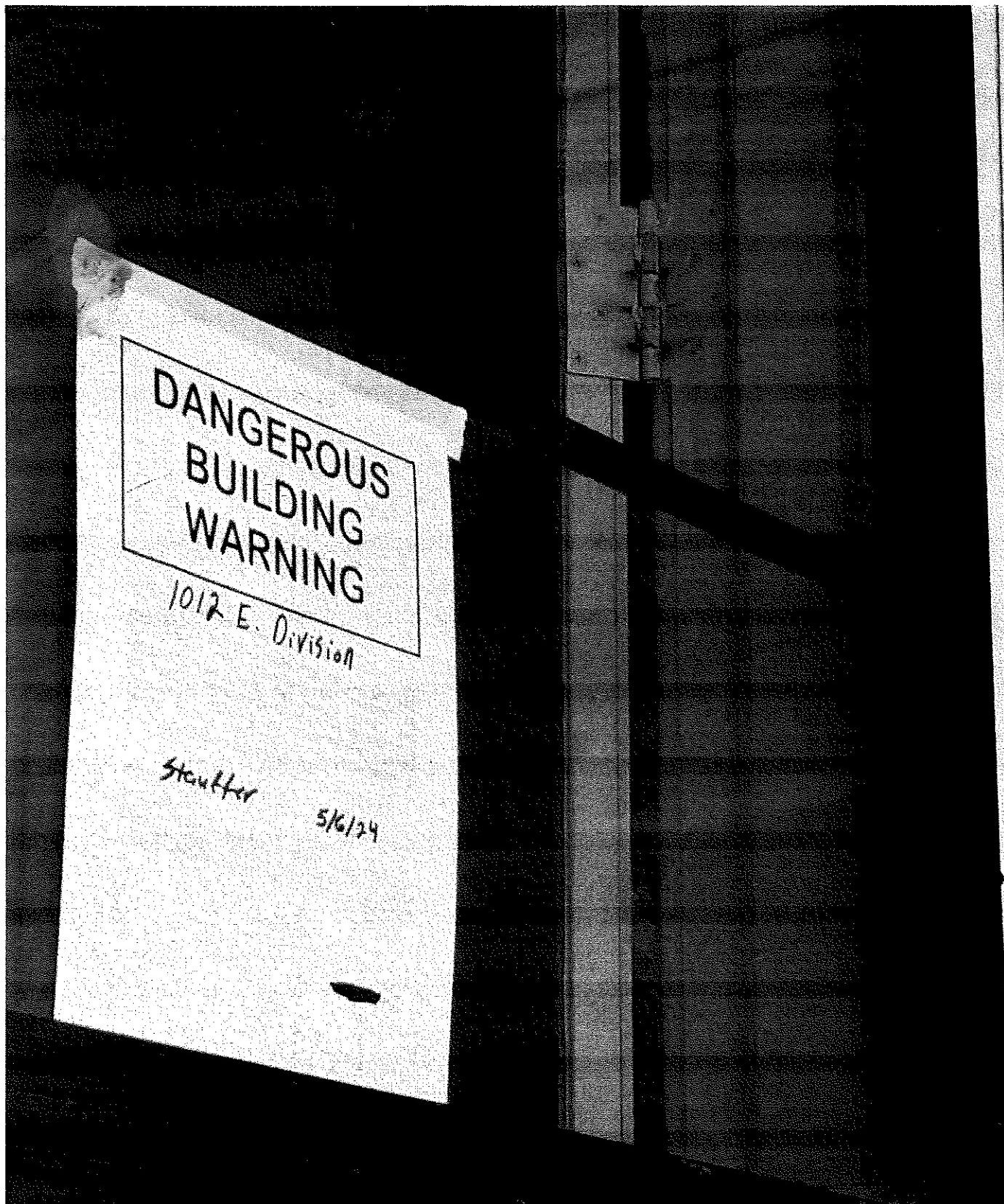


2545 E. Division St. Springfield, MO 65803  
417-831-3911

THIS LEASE, made and entered into 10/26/2023, by and between HS Property Management, LLC, a Missouri Limited Liability Company (hereinafter referred to as "Lessor/Lessor's Agent"), and Michele K. Harris, Edgar S. Harris (hereinafter referred to as "Lessee").

1. **PREMISES:** Lessor/Lessor's Agent does hereby Lease to Lessee the following described premises commonly known as: 1012 E Division St Springfield, MO
2. **LEASE TERM:** The initial term of this Lease shall commence on the 11/01/2023 and end at 12:00 p.m. on the 10/31/2024
3. **AUTOMATIC RENEWAL:** In the event Lessee shall determine not to renew this Lease for a successive term of equal duration as the initial term, Lessee shall notify Lessor/Lessor's Agent of Lessee's intention not to renew in writing **no less than sixty (60) days** before the expiration date of the initial term or the expiration of any renewal term. **Absent such written notice, this Lease shall automatically renew for a successive term of equal duration as the initial term under the same conditions contained herein**, provided, however, the rent charges during such successive terms may be increased as set forth more fully below. Lessor/Lessor's Agent reserves the right to cancel the Lease at any time by giving ten (10) days written notice to Lessee. Lessee may renew this Lease on a month-to-month basis with written approval of Lessor/Lessor's Agent.HS Prop Upon the completion of any one-year Lease, if Lessee wishes to continue living at the premises on a month-to-month basis, Lessee may do so at an additional cost of \$75.00 per month. Written notice of this intent is required prior to the automatic renewal of the Lease.
4. **RENT:** The rent for the above described premises shall be **\$900.00 per month** during the initial term of the Lease, payable on or before midnight of the first day of each month to **HS Property Management, LLC**, 2545 E. Division St, Springfield MO 65803. At Lessor's/Lessor's Agent's option, rent may be increased with 30 days' written notice, to the current market value for each successive term of this Lease and shall be payable on or before close of business of the first day of each month during the term of this Lease and any renewal thereof. Should this Lease begin on a day other than the first day of each month, the rent for the first month shall be prorated so that all subsequent rental payments shall be due on the first day of each month. The first payment shall be made on or before this Lease begins. The amount of pro-rated rent for the first month of this Lease is \$ **175** Dollars.

MY MOVE IN  
Date was  
10/26/2023.  
the day I signed.  
I was forced to  
move in early and  
Nicole Looney said  
WASN'T ANYTHING SHE  
COULD DO IF I didn't have  
the money to move early.





## Letter of Condition

Scan for details:



May 7, 2024

HS Investments, LLC  
2545 E Division St  
Springfield, MO 65803

### Re: 1012 E DIVISION ST

**BLI2024-00184**

The building or structure at the above-stated property violates Springfield's "Dangerous, Blighted, and Nuisance Building Code." See *Springfield City Code §§ 26-61 through 26-84*.

The conditions at the property: violate *Springfield City Code § 26-62*; are detrimental to city residents' health, safety, or welfare; and, are a public nuisance. The following statements list the code sections those conditions violate and describe the conditions.

26-62(12)

Those built in violation of the building, plumbing, electrical, fuel gas, property maintenance or zoning codes of the city or used in violation thereof.  
&nbsp

**Description:** Property is in violation of the international property maintenance code.

IPMC

**Description:** Ipmc section 304.13 windows - windows upstairs not opening. Window downstairs is broken.

IPMC

**Description:** Ipmc section 506.2 - maintenance- drain in basement not draining properly.

IPMC

**Description:** Ipmc section 704.6.1.1 smoke alarms - Functioning smoke alarm is required in every sleeping area. A carbon monoxide/smoke combination. Unit is required in the immediate vicinity outside of bedrooms.

IPMC

**Description:** Ipmc section 309.3 - pest elimination- the occupants of a one family dwelling shall be responsible for pest elimination on the premises. It is the owners responsibility to make sure the premises is free of pest prior to leasing.

IPMC

**Description:** Ipmc section 603.1 - appliances- Appliances shall be properly installed and maintained in a safe working condition. The stove in the kitchen must have an anti-tip bracket installed.

I am sending this letter to you as a courtesy. I want you to have a chance to correct these conditions before instituting more formal, legal proceedings against you. Corrections must be made by **May 21, 2024**. Be aware under City Ordinance permits may be required to complete these repairs. If you perform any work without a permit, it may become a matter for prosecution in Municipal Court. For permit information please visit [ecity.springfieldmo.gov](http://ecity.springfieldmo.gov), or email [building@springfieldmo.gov](mailto:building@springfieldmo.gov), or call 417-864-1585. If you have questions you may contact Chad Stauffer between the hours of 7:30-8:30 AM and 3:30-4:30 PM at (417)864-2076 .

Thank you for your cooperation,



Chad Stauffer  
Residential Building Inspector

cc: Michelle Harris  
1012 E Division St  
Springfield, MO 65803-3120



## HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



MICHELE HARRIS  
1012 E DIVISION ST  
SPRINGFIELD, MO 65802

HS PROPERTY MANAGEMENT  
2545 E DIVISION ST  
SPRINGFIELD MO 65803

Dear MICHELE HARRIS

05/07/2024

The following are items that recently failed inspection at the listed unit. If any of the listed items are a result of damages by the tenant family or visitors then it is the responsibility of the tenant to make sure the repairs are completed. You will need to discuss with the landlord about how he/she would like the repairs to be handled. **When the deficiencies have been corrected, please call the office for a re-inspection date.**

Deficiencies must be corrected within 30 days from the date of this letter.

Under part B of the HAP Contract it states that we are not to make any housing assistance payment if the contract unit does not pass inspection unless the owner corrects the defect within the time period specified. If the unit does not pass within the specified period of time as listed above the payments will be stopped the first day of the following month.

Please be advised that the landlord is not allowed under the Tenancy Addendum to collect our portion of the rent from the tenant and that our failure to pay the housing assistance payment is not a lease violation.

Inspected On: 5/6/2024 12:00:00 AM

Inspected By: DAVE JOHNSON

Status: Inspection Failed

Thank you for your time and attention to this matter. If I can be of any assistance, please call me.

## **Items to be Repaired**

Fail

**Area: Bathroom** **UPSTAIRS BATHROOM**

**Item:** Window Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** WINDOW WONT STAY UP AND HAS NO LOCK ON IT

4

Area: Bathroom

**Item:** Floor Condition

**Deficiency:** Miscellaneous Deficiency

**Comments** VENT IN FLOOR NEEDS REPLACED

1

**Area:** Other Rooms Used for Living and Halls      **FRONT BEDROOM**

**Item:** Window Condition

Deficiency: Miscellaneous Deficiency

**Comments** BROKEN RANE ON WINDOW NEEDS REPLACED/REPAIRED

# HAS PROPERTIES

421 WEST MADISON STREET  
SPRINGFIELD, MISSOURI 65806-2938

(417)866-4329  
TTD phone (417) 832-2039  
FAX (417) 862-4263



~~Area: Living and Halls~~

## FRONT BEDROOM

~~Area: Wall Condition~~

Deficiency: Miscellaneous Deficiency

Comments: FILTER NEEDS CHANGED

~~Area: Heating and Plumbing~~

## BASEMENT

~~Area: Sewer Connection~~

Deficiency: Miscellaneous Deficiency

Comments: DRAIN IN FLOOR HAS STANDING WATER IN IT

Michele HARRIS  
1012 E DIVISION  
SPRINGFIELD MO 65803

I was told by  
Teresa Osborn  
to mail a copy to  
Sonya at HS. M&G.  
Because she refused  
to sign my 30 day  
hers proof of claim  
this. Soon as Second Party  
declared

Go  
Sony H S Properties  
1660 E Kearney  
Springfield Mo 65803

## LANDLORD'S COPY

## VACATE NOTICE FROM TENANT

Date: 5-7-24 Tenant's Name: Michele Harris

To: Owner and H A S PROPERTIES (Housing Authority of Springfield)

This is my 30 Written notice to vacate the property located at:

1012 E DIVISION ST. SP MO 65803  
effective vacate date will be: May 31 2024

Michele Harris 5/7/24 J. J. G. 5/7/24  
Head of Household Signature Date Co-head/Spouse Signature Date

Landlord was shown a notice from city sp dangerous  
\*\*\*\*\*TO BE COMPLETED BY PROPERTY OWNER/MANAGER\*\*\*\*\* Building and  
Sonya wont let me move To Vacate.

Will the tenant be leaving in good standing? Yes or No  
Are there any outstanding debt or rent owed? Yes or No

I acknowledge receiving this notice to vacate property and hereby consent to  
termination of existing contracts.

Owner/Manager Signature

Date



Edgar Harris &lt;edgarharris19@gmail.com&gt;

---

**Maintenance**

1 message

**Sarah Miller** <hsinvestments-mail-system@hsinvestments.mailer.appfolio.us>

Wed, May 15, 2024 at 1:26 PM

Reply-To: Sarah Miller

&lt;8258701e9682f7ef53ae30c4c9c0505eb350a5eb294dd120c7d79ef216d17724@hsinvestments.mailer.appfolio.us&gt;

To: edgarharris19@gmail.com, harrismichele27@gmail.com

Good afternoon,

This is our 24 hour notice to you that maintenance will be entering the property tomorrow between 1:30 PM and 3 PM to address any open work orders.

HS Property Management  
ofc. 4178313911

6/10/24, 12:01 PM



## Lease Violation

2 messages

**HS Property Management LLC** <hsinvestmentsystem@hsinvestments.mailer.appfolio.us>  
Reply-To: HS Property Management LLC  
<f6c152dfc1508d0a8241817721dba5c1488c06cc>  
To: edgarharris19@gmail.com, harrismichele27<

Never  
Been  
Evicted  
in court.  
Section 8  
Says I was  
on their document.

ismichele27@gmail.com>

Fri, May 17, 2024 at 5:12 PM

ailer.appfolio.us>

Edgar S. Harris, Michele K. Harris

1012 East Division Street  
Springfield, MO 65802

05/17/2024

To the above tenant(s) now in possession of the described premises, this notice is due to the following breach and/or reason(s):

- On May 15, 2024, you violated Section 32 of your lease agreement by causing the utility services to be removed from your name and transferred back to the owner's name. This action directly contradicts the terms of your lease and requires immediate rectification by May 20, 2024.

Failure to comply may result in the initiation of the eviction process.

Should you have any questions, please call the office at (417)831-3911.

Respectfully,

HS Property Management

1660 East Kearney Street

Case 6:24-cv-03238-BR

Document 6-1

Filed 08/13/24

Page 103 of 113

Springfield MO 65803

three returned checks in any twelve month period constitutes frequent return of checks due to insufficient funds and may be considered a just cause for eviction.

**19. LATE PAYMENTS.** For any payment that is not paid within 5 days after its due date, Tenant shall pay a late fee of \$75.00.

**20. DEFAULTS.** Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease, including reasonable attorneys' fees. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent". The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

**21. TERMINATION UPON SALE OF PREMISES.** Notwithstanding any other provision of this Lease, Landlord may terminate this lease upon 30 days' written notice to Tenant that the Premises have been sold.

**22. EARLY TERMINATION CLAUSE.** Tenant may, upon 30 days' written notice to Landlord, terminate this lease, provided that the Tenant pays a termination charge of \$900.00 the maximum allowable by law, whichever is less. Termination will be effective as of the last day of the calendar month following the end of the 30 day notice period. Termination charge will be in addition to all rent due up to the termination day.

**23. MILITARY TERMINATION CLAUSE.** In the event the Tenant is, or hereafter becomes, a member of the United States Armed Forces on extended active duty and hereafter the Tenant receives permanent change of station orders to depart from the area where the Premises are located; is relieved from active duty, retires or separates from the military; or is ordered into military housing, the Tenant may terminate this lease upon giving thirty (30) days' written notice to the Landlord. The Tenant shall also provide to the Landlord a copy of the official orders or a letter signed by the Tenant's commanding officer reflecting the change that warrants termination under this clause. The Tenant will pay prorated rent for any days he or she occupies the dwelling past the first day of the month. Any security deposit will be promptly returned to the Tenant, provided there are no damages to the Premises.

**24. DESTRUCTION OR CONDEMNATION OF PREMISES.** If the Premises are partially destroyed by fire or other casualty to an extent that prevents the conducting of Tenant's use of the Premises in a normal manner, and if the damage is reasonably repairable within sixty days after the occurrence of the destruction, and if the cost of repair is less than \$0.00, Landlord shall repair the Premises and a just proportion of the lease payments shall abate during the period of the repair according to the extent to which the Premises have been rendered untenantable. However, if the damage is not repairable within sixty days, or if the cost of repair is \$0.00 or more, or if Landlord is prevented from repairing the damage by forces beyond Landlord's control, or if the property is condemned, this Lease shall terminate upon twenty days' written notice of such event or condition by either party and any unearned rent paid in advance by Tenant shall be apportioned and refunded to it. Tenant shall give Landlord immediate notice of any damage to the Premises.

**25. HABITABILITY.** Tenant has inspected the Premises and fixtures (or has had the Premises inspected on behalf of Tenant), and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for their intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

*Gave 30 day notice to move April 29, 2004  
I moved out May 15<sup>th</sup> with new lease  
Returned the keys May 31<sup>st</sup>*

*H.S. Property moved someone else into unit  
Case 6:24-cv-08238-BP Document 6-1 Filed 08/13/24 Page 104 of 113*

**HS  
PROPERTY MANAGEMENT**

10/01/2024

**HS Property Management LLC**  
1630 East Broadway Street  
SPRINGFIELD, IL 62704Eugene S. Franks, Michael R. Harris  
10912 East Chappell Street  
Springfield, IL 62704

For further information contact:

Dale Hayes

Enclosed you will find a detailed list of charges. Based on these charges, you have a  
balance due of \$2,730.18.**Credits**

Tenant Deposits

\$900.00

**Total Credits** \$900.00**Charges**

Legal Fees/Breach of Contract

\$469.00

Major debris removal

\$1,000.00

Less than 12 months of tenancy: Full paint required

\$1,250.00

2- Toilet seats

\$11.18

Proper notice not given

\$900.00

**Total Charges** \$3,630.18**Amount Due** \$2,730.18Please remit the balance due immediately. If you have any questions or concerns  
regarding the charges or balance due, please contact us at (417) 831-3911.

Regards,

Rec'd 5/24/24  
Email from Sonya Taylor, mgr.

Michele Hayes  
5/21/2024

Michele, Edgar  
Have been vacated from  
the house located on  
1012 E division.  
2 keys returned.

House has been vacant  
since 5/15/2024 due  
to my surgery it's been

a little hard to get  
around for returning keys



Edgar Harris <[edgarharris19@gmail.com](mailto:edgarharris19@gmail.com)>

---

## New Charge Posted

1 message

**HS Property Management LLC (Do Not Reply)** <[donotreply@onlineportal.appfolio.com](mailto:donotreply@onlineportal.appfolio.com)> Thu, May 23, 2024 at 9:18 AM  
To: [edgarharris19@gmail.com](mailto:edgarharris19@gmail.com)



Hello Edgar,

A new charge has been added to your Online Portal.

Legal Fees/Breach of Contract: \$500.00

Charge Date: 05/23/2024

Login to review your account:

**[View Your Balance](#)**

HS Property Management LLC  
(417) 831-3911  
<http://hsinvestmentsco.com>

appfolio

# Harris, Michele Kimberly

MRN: E1404634304

**Seagrave III, Richard Augustus, MD**

Physician

Specialty: Orthopedic Surgery

Operative Report

Signed

Date of Service: 4/29/2024 8:32 AM

DATE: 4/29/2024

PATIENT: Michele Kimberly Harris is a 51 y.o. female

MRN/CRN/CASE ID: E1404634304 689223814 3795371 Body mass index is 37.79 kg/m<sup>2</sup>.

CHIEF COMPLAINT: No chief complaint on file.

SURGEON: Surgeon(s):

Seagrave III, Richard Augustus, MD

ASSISTANT: Taylor Kensinger PA-C who assisted with preoperative planning, evaluation, positioning, prepping, draping, retracting, wound closure, joint manipulation for visualization, and dressing application.

The expert assistance of above assistant was necessary secondary to the complexity of the case and the lack of similarly qualified assistants.

---

**PREOPERATIVE DIAGNOSIS:**

1. Lateral meniscus tear left knee.
2. Left knee intra-articular loose body
3. Left knee degenerative joint disease

**POSTOPERATIVE DIAGNOSES:**

1. Left knee Lateral meniscus tear.
2. Grade 4 chondromalacia of the Medial femoral condyle.
3. Grade 2 chondromalacia of the Medial, Lateral facet of the patella.
4. Intra-articular loose body

**ANESTHESIA:** General.**COMPLICATIONS:** None.**ESTIMATED BLOOD LOSS:** 10cc**PROCEDURES:**

1. Examination under anesthesia
2. Left knee arthroscopy.
3. Partial Lateral meniscectomy.
4. Chondroplasty of the Medial femoral condyle and patella.
- 5.

**HPI:** Patient complains of persistent left knee pain. The pain began several months ago. The pain is located lateral. She describes the symptoms as severe, sharp, and mechanical. The knee has not felt unstable. The patient can bend and straighten the knee fully. Following an explanation of the risks, benefits, and alternatives to treatment, he has chosen to proceed with an arthroscopy.**EXAMINATION UNDER ANESTHESIA:** She had full range of motion of the knee, ligamentously stable, no overlying skin changes.**PROCEDURE:** (see above for laterality, anesthesia and other detail). The patient was then brought back to the operating suite and placed supine on the operative table. Preoperative antibiotics were given. A surgical pause was completed to ensure operative side and site. The patient was prepped and draped in normal sterile fashion for left lower extremity procedures. The tourniquet was inflated to 300mm Hg. The total tourniquet time was 17 minutes. I then began our surgery with insufflating the knee with 60 mL of normal saline through the 29g BP injection site. I then used our **18g trocar** and gently placed the trocar within the notch. With an inside-out technique with an 18-gauge spinal needle,

6/12/24, 8:15 AM

Harris, Michele Kimberly (MRN E1404634304) Encounter Date: 04/22/2024

established our medial portal. We then began our diagnostic arthroscopy. The ACL was normal. At the anterior horn of the lateral meniscus there appeared to be a large cyst which was removed.. The Lateral compartment was entered and inspected and showed a tear of the anterior horn lateral meniscus. Lysing shaver I debrided the torn portion of lateral meniscus to a stable rim.. I then moved to the patellofemoral joint. The patellofemoral joint showed grade II chondromalacia patella which was debrided with a shaver. There were no loose bodies within the medial or lateral gutter. I then moved to the Medial compartment, which showed no meniscal lesion however there is diffuse grade IV chondromalacia the medial femoral condyle. Looking at the posterior medial joint line there is a small loose body which removed with a suction shaver. I did utilize a shaver on the chondral lesions. The knee was copiously irrigated and instrumentation was removed. The puncture wounds were closed with 4-0 Monocryl. The knee was injected with 20 mL of 0.25% Marcaine and the usual sterile orthopaedic dressing applied, and an Ace wrap. The patient tolerated the procedure well and went to the recovery room in stable condition.

Admission (Discharged) on 4/29/2024     *Note shared with patient*

### Care Timeline

A vertical timeline line with two circular markers. The top marker is labeled "04/29 KNEE ARTHROSCOPY" and the bottom marker is labeled "04/29 Discharged 1015". Both markers have vertical lines extending downwards from the timeline line.

04/29 KNEE ARTHROSCOPY  
0740  
04/29 Discharged 1015  
1015

## Discharge Instructions (continued)

- Laxatives can be habit-forming, but only when used on a long term basis.
- Do not use Miralax if you have an allergy to polyethylene glycol.

When the combination (stool softener + laxative) does not alleviate your symptoms, you may have to try a different approach. Sometimes, the problem is not the consistency of your stools as they move along the intestines, but the presence of hard stools in your rectum acting as a plug. GENTLY, place a rectal suppository such as DULCOLAX, to help remove that plug. If you try this twice without any results, then call our office at 417-820-5610

### FOLLOW-UP

- An appointment will be made for you prior to dismissal from the facility. If you are not given an appointment, please call the office.
- A representative from the Same Day Surgery Department may call you by telephone the day after your procedure. Do not be alarmed, this is a routine call to find out how you are progressing after your surgery.

### WHEN TO CALL DR. SEAGRAVE @ 417-820-5610

- If fever > 101.5 F OR shaking chills.
- If your incision become more reddened, separates, or begins to drain brown or green fluid.
- Persistent bleeding along incision.
- If you have pain, swelling or redness in the calf of either leg; or sudden onset of shortness of breath.
- Severe constipation that doesn't respond to OTC therapies.
- New onset of pain or pain not relieved by medications.
- As always, if you feel that you are experiencing a medical emergency please call 911 or present to the nearest emergency room.

### MISCELLANEOUS

- If you had general or local anesthesia with sedation, please pay particular attention to the following instructions:
  1. Do not drink alcoholic beverages, including beer, for 24 hours. Alcohol enhances the effects of anesthesia and sedation.
  2. Do not drive a motor vehicle, operate machinery or power tools for 24 hours.
  3. Do not make any important decisions or sign important papers for 24 hours.
  4. You may experience lightheadedness, dizziness, and sleepiness following surgery. Please DO NOT STAY ALONE. A responsible adult should be with you for this 24 hour period.
  5. Rest at home with light activity as tolerated. It may not be necessary to go to bed; however, it is important to rest for 24 hours following general anesthesia.
  6. Progress slowly to a regular diet unless your physician has instructed you otherwise. Start with liquids, such as soft drinks, then soup and crackers, gradually working up to solid foods.
  7. Certain anesthetics and pain medications may produce nausea and vomiting in certain individuals. If nausea occurs, limit intake to clear liquids until nausea clears. In the meantime, rest and sleep on your side to avoid accidentally inhaling material that you may vomit.
- If you are a diabetic, it is very important to keep tight control of your blood sugars. High blood sugars delay healing and increase your risk of infection. Contact your primary care physician if you are having trouble controlling your blood sugar.
- Do not smoke and avoid second-hand smoke. Tobacco smoke can delay the healing process by decreasing the oxygen supply to your wound, & may increase your risk of infection.
- Smoking irritates the breathing passages and increases the risk of pneumonia, bronchitis, asthma and risk of blood clots.

*Because I didn't feel proper after care  
I had to return before my scheduled follow  
up appointment, from July 31 to July 24, 2024.*

## Discharge Instructions (continued)

### FREQUENTLY ASKED QUESTIONS

#### 1. When can I shower?

You may shower after the dressing has been removed in 48 hours and there is no drainage from the incisions. Do not submerge the wounds and dry them thoroughly afterwards. Be sure to re-apply compressive wrap.

#### 2. When can I begin putting weight on my leg?

You may bear full weight immediately, unless otherwise directed by your physician. However, limit activity the first 3-4 days, maybe up to 5-10 min at a time.

#### 3. How much walking and standing can I do?

You may walk and stand as tolerated. Pay attention to your knee, if it begins to swell or you begin to have increased pain, get off your knee and resume elevation and ice.

#### 4. How far can I bend my knee?

It is encouraged to bend your knee and straighten the knee as much as tolerated. Let pain be your guide. The goal is to achieve full range of motion as soon as possible.

#### 5. When should I start exercising?

Do not return to your normal exercise routine until cleared by your surgeon.

#### 6. How often and how long should I use the ice pack?

Initially, utilize the ice pack 3-5 times per day for 20-30 minutes, as it is a great modality to reduce swelling. Be sure to avoid any direct heat application such as a heating pad or moist heat pack.

#### 7. When can I drive?

You may resume driving when you are no longer taking pain medication AND the following criteria are met:

- You can bend your knee at least 90 degrees
- You can transition from the gas to the brake quickly and effortlessly

#### 8. When can I go back to work/school?

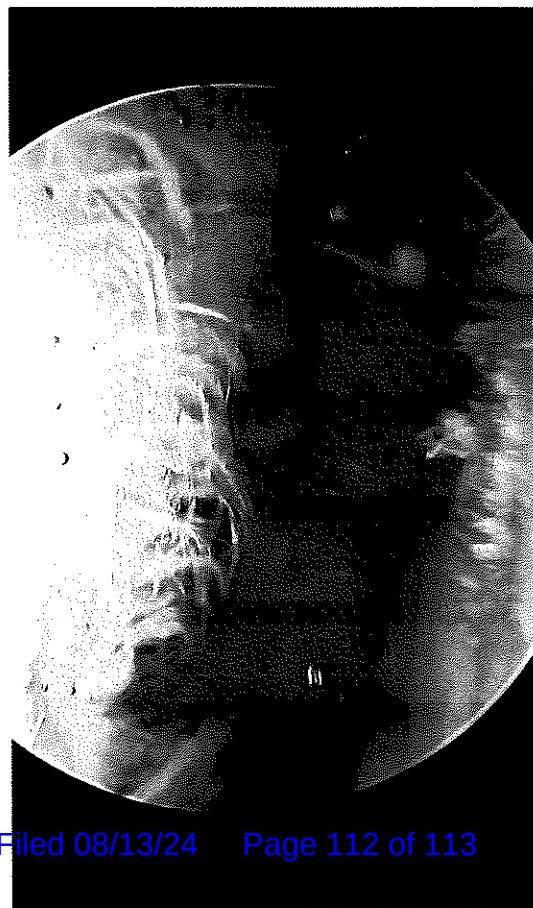
This will depend upon your type of work and whether or not light duty is available. You may return once you can perform the specific duties of your job safely. Most patients take the first 7-10 days off.

This is not a comprehensive list of questions; please contact your physician's office if any concerns or questions arise. If at any time you feel you are in need of emergent care, please call 911.

#### Contact us by using MyMercy.

Ask questions, request medication refills, schedule appointments, or just let us know how you are progressing with your treatment. Follow these easy steps to get started.

1. Log on to [www.mymercy.net](http://www.mymercy.net)
2. Click on **Create Account** or just **sign in** if you already have an account.
3. Complete the registration form and create your **username** and **password**. Once you have completed this step Mercy will send you an email to verify they have the correct email address. **Click on the link provided to complete your registration.**
4. Once you're logged in click on **Contact Your Doctor**, located under **Message Center**.
5. Scroll down to the middle of the screen and click on **Ask a General Medical Question**.





T: 833-300-5777 / adapthealth.com

**DX Prescription Form**

P: Harris, Michele Kimberly CSN:689223814  
 Preferred Name:  
 N: E1404634304 7/21/1972 (51 yrs) female  
 Outpatient ADT:4/29/2024



Please Product Bar Code Labels Here:

*adult scat*

Please Product Bar Code Labels Here:

Please Product Bar Code Labels Here:

**RELEASE AND USE OF INFORMATION:**

I hereby consent and state my preference to have the Company communicate with me by email or SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, test results, needed documentation, required appointments, equipment performance, available replacement products & billing. I understand that email and SMS messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and SMS messaging regarding my medical care might be intercepted and read by a third party. I further understand that in the course of providing services to me, the Company and its employees and agents will receive (either from me or from others such as physician) personal information and knowledge about my health, physical condition, treatment and care that I require, including knowledge about my living conditions and my relationship family and others hereinafter referred to as Personal Health Information (PHI). In that regard, I also authorize the Company to release my PHI (A) to my insurers and any agencies, institutions or individuals (including my physicians) who provide me with health or social services, (B) to the Company's peer review organizations and licensing and accrediting organizations for the purpose of evaluating the Company's provision of services, (C) in connection with any audit or similar review (whether internal or conducted by a third party organization), or (D) to CMS or a commercial payer as may be required for continued certification of the Company.

**ASSIGNMENT OF BENEFITS:**

I hereby request that payment of authorized carrier benefits be made on my behalf to The Company for authorized products and services that have been provided to me. It is my intent to assign The Company all benefits for services provided to me by PPS beginning with the above date.

I authorize a copy of this agreement to be used in place of the original and authorize my holder of my medical information to release to Centers for Medicare & Medicaid Services, any other insurer, and/or their agents any information necessary to determine my insurance payments.

I agree to be fully responsible for all charges not covered in my insurance.

**FINANCIAL RESPONSIBILITY:**

I understand that by signing below, I will be financially responsible for the cost of equipment and patient balances resulting from the use of the equipment.

I give The Company the right to appeal denied claims or to waive Patient balances if I do not accept responsibility for patient co-insurance and deductible amounts. Any claim denied by my insurance carrier(s) and non-covered items

I understand equipment described herein, equipment is the property of The Company and will be retained by the company when the need has ended, otherwise a patient balance will be generated. Cost of the equipment will be applied to the balance.

The credit card number that I have provided verbal authorization to use will be used for one-time and recurring payments.

I understand I am liable to the Company, The Owner, for the return of any items I have ordered from The Company with 10 days or less.

I understand that if the device I received is lost, stolen or damaged while in my possession I am responsible to The Company for the replacement of the equipment at the cost of the covered under insurance plan.

**BY SIGNING**, I agree that I have read and understood the terms of the Customer Agreement, including the terms and conditions will be retained by The Company and The Company can use a copy of the document to resolve disputes after my signature as the party to the contract. I acknowledge that I have read and understood the terms and conditions of this agreement and agreement to the same terms without exception.

**Case 6:24-cv-03238-BP Document 6-1 Filed 08/13/24 Page 113 of 113**

**Ortho Order Form**

**DELIVERY ADDRESS**

123 Main Street, Anytown, USA  
 Apt. #101, Unit A, Building B

Provider's Information Must Be Filled Out:

Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Signature: \_\_\_\_\_

Order Date: \_\_\_\_\_

Patient Diagnosis/ICD -10 Code: \_\_\_\_\_

Required: Day Items Ordered:

LIMB: LEFT LFT GNA

Please enter below containing the account of the item(s) you are ordering:

Check here for ALL Bracing and Orthopedic Products

Place Product Sticker in Indicated Box:

Please indicate Allowed Side we Packaged: Unpackable LEFT RIGHT

Crutches (#0114) Youth  Adult  Pediatric (check)

Walker Cane (E0114)

Standard Walker (E0115)

Walker with Wheels (E0114)

Crutch (E0114)

**Patient Information:**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Order Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Length of Need: \_\_\_\_\_ (99=Lifetime)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Claim Information If Applicable:**

Worker's Comp Auto Claim Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_

Adjuster Phone: \_\_\_\_\_

**Patient/Medical History/Signature:**

*John Doe*  
*04-24-2024*

If signed by caretaker or other - list relationship and reason for signing:

Relationship if not patient: (Choose one) Address above unless stated:

Spouse/Relative  Caregiver  Other

I, the undersigned, have read and understood the information contained in the prescription and have been educated on its use.

White - All Other - Canary - Patent Copy Includes Copy On Reverse Sides in Pink